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# UNITED STATES ARMY HEALTH CARE STUDIES AND CLINICAL INVESTIGATION ACTIVITY



## SATISFACTION WITH SPACE AVAILABLE DENTAL CARE AND THE ACTIVE DUTY DEPENDENTS DENTAL INSURANCE PROGRAM

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(U) This study explored the satisfaction of insurance eligibles with the Active Duty Dependents Dental Insurance Plan (ADDDIP) and with space available care in military dental clinics. It also determines enrollment in the ADDDIP, reasons for enrollment choice, enrollment in other civilian dental insurance, willingness to pay for an expanded plan, and extra services most desired to be included in the ADDDIP. The data were collected on the fall 1988 semi-annual Soldier Support Center survey. The sample includes 2,110 officer and 4,114 enlisted families. Keywords: Military personnel/spouses, dental insurance/utilization. 1225

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# Satisfaction with Space Available Dental Care and the Active Duty Dependents Dental Insurance Plan

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Executive Summary

Satisfaction with Space Available Military Dental Care and the Active Duty Dependents Dental Insurance Plan is based on a survey of 2,110 officers and 4,114 enlisted personnel stationed in the continental United States, Alaska, Hawaii, and Puerto Rico. This study seeks to assess the satisfaction of soldiers with the quality of care their families receive in military dental clinics and under the Active Duty Dependents Dental Insurance Plan (ADDDIP). In addition, it determines their enrollment in the ADDDIP and in other civilian dental insurance plans. Reasons for enrollment choice are probed as are benefits soldiers would most like to see added to the ADDDIP and their willingness to pay extra for these benefits. For comparative purposes, an additional 834 officers and 2,437 enlisted personnel were surveyed on their satisfaction with space available military dental care only. (Soldiers assigned overseas are not eligible to enroll in the ADDDIP).

Results show that a slim majority of Army families are satisfied with the quality of military dependent dental care where it is readily accessible. Officers are equally satisfied with the ADDDIP as with space available dental care, but enlisted personnel are less satisfied with the ADDDIP. Overall, 46.6% of officers and 38% of enlisted insurance eligibles enrolled in the plan. Enrollment is higher among more senior ranking personnel. A strong inverse relationship between enrollment level and availability of space available military dental care is found. Less than 10% of Army families belong to other civilian dental insurance programs.

Leading reasons for enrolling in the ADDDIP include long queues and limited services given to dependents in military dental clinics and a feeling that they had no choice. Leading reasons for nonenrollment include easy access to dental care for dependents in military clinics and the limited scope of services covered by the ADDDIP. Over a third of junior enlisted personnel (E1-E4s) claim not to be familiar with the ADDDIP.

Sizeable majorities of Army families are willing to pay at least $5 a month for an expanded dental insurance plan. The most frequently requested additional services are braces, crown and bridge, root canals, and extractions. Sealants are one of the least requested.

We recommend that the premium or co-payment of the ADDDIP be increased in order to expand services covered.

## Chapter I: Introduction

### 1.1 Purpose of the Study

The purpose of this study is to assess the satisfaction of soldiers with the quality of dental care that their dependents receive in military dental clinics and to assess their satisfaction with the Active Duty Dependents Dental Insurance Plan (ADDDIP). Specifically, this study seeks to determine the proportion of insurance eligible soldiers who enrolled their families in the ADDDIP and the chief reason for the enrollment decision. It also seeks to determine what proportion of Army families have another form of civilian dental insurance (other than the ADDDIP), what dental service they would most like to see added to the ADDDIP, and how much extra they would be willing to pay for an expanded dental insurance plan. Satisfaction with the quality of services received in military dental clinics and under the ADDDIP is also probed.

We are hopeful that the data in this report will assist makers of military health policy in designing an attractive and beneficial dental insurance package for military dependents, and in assuring their satisfaction with the quality of dental care they receive.

### 1.2 Background

In July 1986 when passage of a dental insurance plan for military dependents seemed imminent, the Office of the Assistant Surgeon General, Chief of the Army Dental Corps, asked the Dental Studies Division, U.S. Army Health Care Studies and Clinical Investigation Activity (HCSCIA), to do a quick study on the dental treatment needs of Army family members. The resulting study, The Dental Needs of Army Family Members, 1986: A Pilot Study, also probed the reaction of Army family members to a hypothetical dental insurance plan (1). The hypothetical plan was based on what Department of Defense officials, at that time, released to the press as the most likely structure of the Active Duty Dependents Dental Insurance Plan (ADDDIP) (2).

When the actual plan was finalized, it differed considerably from the plan tested in the pilot study. The actual plan was less expensive and covered fewer services than the hypothetical plan. Thus, the impact of the ADDDIP on Army families could not be predicted from the data we collected in the pilot study.

The reaction of Army families to the actual ADDDIP was first explored in the full-scale study, The Dental Health of Army Family Members: 1987-88 (3-5). This study found that enrollment in the ADDDIP varied considerably across demographic characteristics and level of access to space available dental care for dependents in military dental clinics. It also found that a majority of Army families were willing to pay more for an expanded dental insurance plan (5).

Although the full-scale study had many improvements over the pilot, in our sampling of spouses, we could not overcome a reliance on clinic-based, convenience sampling (3). We could not say how non-users of military dental clinics might influence our findings. We could not generalize our results to all Army spouses. Although our sampling of children was representative of families w[illegible] we collected children's data, this data came from only two posts. Both of these posts provide low levels of space available dependent dental care. Data we collected from spouses suggest that level of space available dental care has a major impact on enrollment in the ADDDIP and reactions toward the plan. Thus, we could not generalize these results to all Army families with children.

Since we were not sure that our samples were representative, we decided to field a battery of dental insurance questions on the semi-annual survey done by the Soldier Support Center in Alexandria, Virginia. These surveys capture large, randomly selected samples of the Army. Because of command emphasis, response to these surveys is generally high, thereby providing a good, representative sample. Results from these surveys can be generalized to the Army at-large with a high degree of confidence.

## Chapter 2: Methods

### 2.1 Study Samples

The Army Personnel Survey Division, Soldier Support Center (SSC), conducts a sample survey of military personnel twice a year. Samples are randomly selected from the Standard Installation/Division Personnel System (SIDPERS) using the last two digits of social security numbers. Approximately 10% of officers and 5% of enlisted soldiers are selected worldwide.

For the fall 1988 SSC survey, 3,936 of the officers selected for the study completed questionnaires. Among enlisted personnel selected, 11,288 responded. For the purposes of our study, we restricted our sample to respondents who were eligible to join the Active Duty Dependents Dental Insurance Plan. Insurance eligibles include soldiers assigned to Continental United States (CONUS) locations, Alaska, Hawaii, or Puerto Rico and who meet at least one of the following conditions: (1) are married to non-active duty spouses, (2) are married to active duty spouses and have children under 21 years of age, or (3) are single, divorced, filing for divorce, or widowed and have children under 21 years of age. We also selected another sample of soldiers who met one of the above three conditions and were assigned overseas (excluding Alaska, Hawaii, and Puerto Rico).

### 2.2 Study Design and Procedure

Nine questions related to the Active Duty Dependents Dental Insurance Plan were included in the Fall 1988 SSC Survey. Figure 1 lists the questions as they appeared on the survey (questions 29-37). Some questions came from our earlier study (5). Others are unique to this survey. SSC routinely collects extensive demographic data on each respondent and asks about 170 questions on each survey. All administrative aspects of this survey, to include a pretest of the survey instrument, were done by the soldier support center.

### 2.3 Data Analysis

#### 2.3.1 Data Management

Completed survey forms were screened and edited by the Soldier Support Center and entered onto a tape sent to the mainframe computer at Ft. Detrick, Maryland. The SSC completed a preliminary analysis of the data using the entire sample. This analysis, however, is subject to misinterpretation because it included insurance ineligibles. Dental Studies Division, HCSCIA, refined the analysis by restricting the sample only to insurance eligibles

and by performing more in depth analyses. Our analyses were done using the Statistical Analysis System (SAS).

2.3.2 Major Analysis Groups

Analysis of the survey data uses frequencies and cross-tabulations. Results are presented for two major groups--officers and enlisted personnel.

2.3.3 Key Outcome Variables

Results of this report are organized in subsections devoted to major topics covered in the survey questionnaire. These include: (1) satisfaction with the quality of dependent dental care, (2) enrollment in the ADDDIP, (3) enrollment in other civilian dental insurance, (4) enrollment decision regarding the ADDDIP, and (5) expansion of the benefits package of the ADDDIP.

2.3.3.1 Satisfaction with the Quality of Dependent Dental Care

We asked soldiers how satisfied they are with the quality of care provided to their families in military dental clinics and under the ADDDIP. Soldiers were allowed to choose from the following responses: (a) very satisfied, (b) satisfied, (c) neither satisfied or dissatisfied, (d) dissatisfied, or (e) very dissatisfied. In our analysis, we collapsed choices (a) and (b) into satisfied and collapsed choices (d) and (e) into dissatisfied.

2.3.3.2 Enrollment in the Active Duty Dependents Dental Insurance Plan

We determined enrollment status in the ADDDIP by asking soldiers the simple yes or no question: "Are you currently enrolled in the Family Member Dental Insurance Plan (FMDIP)?"

2.3.3.3 Enrollment in Other Civilian Dental Insurance

We queried about enrollment in another civilian dental insurance plan by asking soldiers the simple yes or no question: "Do you have another form of civilian dental insurance (other than FMDIP)?"

2.3.3.4 Enrollment Decision Regarding the Active Duty Dependents Dental Insurance Plan

We asked soldiers the most important reason why they enrolled their families in the ADDDIP. Respondents were given the following options: (a) the wait for care at military dental clinics is too long, (b) I prefer treatment by civilian rather than military dentists, (c) military dental clinics offer only limited family services, (d) location of dentists is more convenient, (e) I felt I had no choice, and (f) other reason. We also asked non-enrollees

the most important reason they elected not to enroll their families in the ADDDIP. The following choices were provided: (a) the monthly membership fee costs too much, (b) military dental care for my dependents is easy to get, (c) my having to pay 20%of the cost for fillings is too much, (d) the insurance plan does not cover enough services, (e) dental care off post is to high even with insurance, (f) I am not familiar with the FMDIP, or (g) other reason.

2.3.3.5 Expansion of the Benefits Package of the Active Duty Dependents Dental Insurance Plan

There are two aspects of evaluating expansion of the benefits package of the ADDDIP: (1) what additional services should be included in the plan, and (2) how much extra beneficiaries are willing to pay for an expanded plan. With regard to the first aspect, we asked insurance eligibles: "What dental service, currently not covered under the FMDIP, would you most like to have included in the plan?" Respondents chose from the following list of services: (a) root canals, (b) braces, (c) gum surgery, (d) crowns (caps) and bridges, (e) extractions (tooth removal), (f) partial or full dentures, (g) sealants, (h) other, or (i) I do not know.

With regard to cost of an expanded plan, we asked insurance eligibles: "How much extra in monthly membership fees would you be willing to pay if the FMDIP covered the additional services you selected above?" Respondents selected from the following choices: (a) no extra fees, (b) less than $5 a month, (c) $5 to $9.99 a month, (d) $10 to $14.99 a month, (e) $15 to $19.99 a month, or (g) $20 or more a month.

2.3.4 Key Analysis Variables

Key analysis variables include rank subgroups and access levels for dependents to space available dental care in military dental clinics. Rank subgroups for officers are W1-W4 (warrant officers), O1-O3 (company grade officers), and O4+ (field grade officers). Enlisted rank subgroups include E1-E4 (junior enlisted), E5-E6 (mid-grade enlisted), and E7-E9 (senior enlisted).

Using figures provided by Health Services Command (HSC), we determined the proportion of total output of dental services that went to dependents at every Dental Activity (DENTAC) in HSC. We then rank ordered DENTACs and split the list into thirds to reflect installations that provide dental services to dependents at levels below the HSC average, at the HSC average, and above the HSC average.

We analyzed outcome variables across most key analysis variables in order to spot discernable patterns or trends in

outcome variables across rank subgroups or levels of dependent health care.

Chapter 3

## 3.1 Characteristics of the Study Sample

Characteristics of the CONUS study sample are given in Figures 2-11. Overall, 2,110 and 4,114 insurance eligibles of officer and enlisted rank, respectively, completed survey questionnaires.

Among officers, 13.6% are warrant officers and the remainder of the sample is fairly evenly split between company grade (O1-O3) and field grade (O4+) officers. Nearly all are white (87.4%) males (92.7%) with a least a college degree (88.6%). Most (41.9%) are assigned at installations in Health Services Command that are providing space available dependent dental care at levels below the HSC average.

Among enlisted personnel, most of the sample is middle grade enlisted (44.5%), white (58%) males (89.4%) with a high school diploma (51.5%). Most (38.1%) are assigned at installations in HSC that are providing space available dependent dental care at levels equal to the HSC average.

The OCONUS sample consists of 834 officers and 2,437 enlisted personnel.

## 3.2 Satisfaction with the Quality of Dependent Dental Care

Figures 12-15 show the satisfaction of soldiers with the quality of dependent dental care in military dental clinics located in Health Services Command. The three squares on the bottom of these figures represent the overall response of officers and enlisted personnel while the bars above represent the response of different rank subgroups or at different assignment locations.

Overall, officers are more likely to be satisfied (46.7%) than dissatisfied (38.2%) with the quality of space available dental care for their dependents. Levels of satisfaction and dissatisfaction are fairly consistent across all officer subgroups (Figure 12). However, they are not consistent across assignment locations (Figure 13). Where the level of space available dependent dental care is below the HSC average, officers are more dissatisfied (45.9%) than satisfied (38%) with the quality of military dependent dental care. In contrast, at installations providing average or high levels of space available dependent dental care, over half of all officers are satisfied with the quality of care their dependents receive.

Overall, satisfaction levels of enlisted personnel (Figure 14) with the quality of space available dental care (47.7%) closely mirrors that of officers. While the level of satisfaction is fairly consistent across all enlisted subgroups, the level of

dissatisfaction grows (at the expense of neutrality) as one moves from junior to middle grade to senior enlisted personnel. The pattern we see for enlisted personnel across assignment locations (Figure 15) is similar to what we noted for officers. That is, where the level of space available dependent dental care is below the HSC average, enlisted personnel are more dissatisfied (47.8%) than satisfied (34%) with the quality of military dependent dental care. And, at installations providing average or high levels of space available dependent dental care, over half of all enlisted personnel are satisfied with the quality of care their dependents are receiving.

For comparative purposes, Figures 16 and 17 show the satisfaction level with the quality of dependent dental care for officers and enlisted personnel assigned to other than the continental United States (OCONUS), excluding Alaska, Hawaii, and Puerto Rico. A majority of all OCONUS officer and enlisted rank subgroups are satisfied with the quality of military dependent dental care.

Figures 18-21 show the satisfaction of enrollees with the quality of services their dependents have received using the ADDDIP. Overall, 49% of officers and 41.4% of enlisted personnel are satisfied with the quality of ADDDIP services. The only rank subgroup showing a majority satisfied are senior officers (52.5%) (Figure 18). Satisfaction levels increase and dissatisfaction levels decrease as one moves from junior to senior officer rank. Figure 19 reveals how assignment location influences satisfaction with the perceived quality of ADDDIP services among Army officers. Satisfaction is highest at installations with low levels of dependent dental care (53%) and decreases as level of dependent dental care increases. Dissatisfaction remains fairly constant at 26-29%.

The pattern for enlisted personnel differs from that seen for officers. As Figure 20 demonstrates, the satisfaction level with the quality of ADDDIP services remains constant at about 40-42% across enlisted rank subgroups. However, dissatisfaction rises as one moves from junior (27.9%) to middle grade (31%) to senior (36.8%) enlisted personnel. Among senior enlisted personnel, satisfaction (39.8%) and dissatisfaction (36.8%) levels are nearly equal.

Just the opposite of what we saw for officers, satisfaction among enlisted personnel with the quality of ADDDIP services is highest at installations with high levels of dependent dental care (50.4%) and decreases as level of dependent dental care decreases. Dissatisfaction with the quality of ADDDIP decreases as the level of dependent dental care increases.

## 3.3 Enrollment in the Active Duty Dependents Dental Insurance Plan

Enrollment by rank subgroups is shown in Figure 22. Overall, 46.6% of officers and 38% of enlisted insurance eligibles enrolled their families in the ADDDIP. The plan is more popular with senior ranking personnel that with junior ranking personnel. The ADDDIP is most attractive to senior officers (56.2%) and least attractive to junior enlisted personnel (31.9%).

The effect of assignment location on enrollment by rank groups is illustrated in Figures 23-24. As access to space available military dental care for dependents improves, enrollment in the ADDDIP plummets. At installations providing levels of dependent dental care below the HSC average, over half of enlisted and officer families join the ADDDIP. Officer families are more likely to join (62.4%) than enlisted families (51.6%). In contrast, where military dependent dental care is provided at levels above the HSC average, only a quarter of Army families join the ADDDIP.

## 3.4 Enrollment in Other Civilian Dental Insurance

Just under 10% of officer and enlisted families are enrolled in civilian dental insurance plans other than the ADDDIP. Figure 25 shows there is little variation in this enrollment across rank subgroups.

## 3.5 Enrollment Decision Regarding the Active Duty Dependents Dental Insurance Plan

Figure 26 provides a code sheet for interpreting results of enrollment choice presented in Figures 27-40. Among officers and enlisted personnel, overall, the three most common reasons for enrolling in the ADDDIP include: (1) limited care given to family members at military dental clinics, (2) long waits for dependent dental care at military dental clinics, and (3) felt they had no choice. The rank order and magnitude of support for enrollment choices varies across rank subgroups and assignment locations.

Overall, among officers (Figure 27), the leading reason for joining the ADDDIP is limited care given to family members at military dental clinics. This is also true for senior officers (Figure 30) and at installations which provide low levels of space available dental care for dependents (Figure 31). However, for all other rank subgroups and at all other assignment locations, the leading reason cited for joining the ADDDIP by officers is that they felt they had no choice. Few officers express a preference for civilian dentists (7.4%) or claim that civilian dentists are convenient for their families to use (6.9%) (Figure 27). Junior officers (11.8%, Figure 29) and officers assigned to installations

providing high levels of dependent dental care (13.6%, Figure 33) are most likely to express a preference for civilian dentists.

Among enlisted personnel, overall (Figure 34), the leading reason for enrolling in the ADDDIP is that they felt they had no choice. This choice holds across all rank subgroups, except junior enlisted personnel, and across all assignment locations, except those providing high levels of dependent dental care. For the exceptions, the leading reason is something other than the choices offered. Few enlisted personnel express a preference for civilian dentists (10.7%) or claim that civilian dentists are convenient for their families to use (6.6%) (Figure 34). Junior enlisted families (14.5%, Figure 35) and enlisted personnel assigned to installations providing high levels of dependent dental care (12.1%, Figure 40), are most likely to express a preference for civilian dentists.

Figure 41 gives a code sheet for reading the results of non-enrollment choices presented in Figures 42-55. The overall pattern for officers (Figure 42) is consistent across officer rank subgroups (Figures 43-45) and across most assignment locations (Figures 46-48). That pattern shows the three leading reasons (in rank order) for <u>not</u> enrolling in the ADDDIP are as follows: (1) military dependent dental care is easy to get, (2) the scope of services covered by the ADDDIP is too limited, and (3) some reason other than those listed in Figure 41. At installations that provide low levels of space available dental care to dependents, the three leading reasons for non-enrollment are the same, however the rank order changes. Limited scope of services of the ADDDIP becomes the leading reason (Figure 46). Few officers think the monthly membership fee in the ADDDIP is too high, the 20% co-payment is too high, that off-post dental care is too expensive, even with the insurance, or are unfamiliar with the ADDDIP.

For enlisted personnel, there is considerably more variation in the rank order and magnitude of support for non-enrollment choices than among officers. Overall, the three leading reasons for non-enrollment in the ADDDIP include: (1) military dependent dental care is easy to get, (2) unfamiliarity with the plan, and (3) limited coverage offered by the ADDDIP (Figure 49).

Figures 50-52 reveal that as rank increases, lack of familiarity with the plan decreases. While 37.5% of E1-E4 families claim to be unfamiliar with the ADDDIP, only 3.9% of E7-E9 families make such a claim. Lack of familiarity with the ADDDIP is the leading reason for not enrolling among E1-E4 families (Figure 50) and among enlisted families assigned to installations with low levels of space available dependent dental care (Figure 53). Regardless of enlisted rank subgroup or assignment location, few enlisted families think the monthly fee for the ADDDIP is too high, the 20% co-payment is too high, or that off-post dental care is too expensive, even with insurance.

## Chapter 4: Discussion and Recommendations

### 4.1 Satisfaction with the Quality of Dependent Dental Care

When we ask survey participants about their satisfaction with the quality of dental care they receive in military or civilian clinics, they appear to be telling us their overall satisfaction. Thus, quality might encompass technical aspects of care delivery, the dentist's chairside manner, waiting times for appointments, general accessibility to care, and so on.

Except in locations providing low levels of dependent dental care, the results show that a majority of Army families are satisfied with the quality of care they receive in military dental clinics. However, these are not overwhelming majorities (52-56%). Moreover, about a quarter of enlisted families and a third of officer families at installations with average or high levels of space available dental care are dissatisfied with military dental care. We conclude that military dental care, when easily accessible, is perceived as satisfactory by most Army families. Yet it still could be significantly improved.

We recommend that the issue of quality of care in military dental clinics for dependents be further explored in future Army surveys. We recommend developing a questionnaire that breaks quality down into components such as technical proficiency, interpersonal skills, waiting times, access, and other aspects of care delivery. This way we might better target areas for improving the quality of dental care delivered in military dental clinics.

With regard to the Active Duty Dependents Dental Insurance Plan, satisfaction levels with the ADDDIP across rank subgroups are comparable to satisfaction levels with military dental care for officers, but not for enlisted personnel. Enlisted personnel are much less satisfied with the ADDDIP than with military dependent dental care. Curiously, among enlisted personnel dissatisfaction with the ADDDIP across rank subgroups is comparable with dissatisfaction for military dental care. It is much lower for officers.

Clearly, for some reason, the ADDDIP is more satisfactory to officer than to enlisted families. We suspect this is related to the amount of discretionary income available in officer versus enlisted households. Families with large discretionary incomes are more willing to pay more for convenience, whereas families with low discretionary incomes are more willing to put up with inconveniences (such as queues) to save money. The ADDDIP may increase access to dental care for Army families, but it does so at a cost. The results suggest that this tradeoff is not perceived as being as worthwhile to enlisted personnel as it is to officers.

## 3.6 Expansion of the Benefits Package of the Active Duty Dependents Dental Insurance Plan

With regard to additional services to be covered by the ADDDIP, there is little difference in the preferences expressed by officers and enlisted personnel (Figures 56 and 57). The top four services requested are braces, crown and bridge, root canals, and extractions. Sealants have a low priority with both groups.

Figures 58 and 62 show that a majority of officers (67.8%) and enlisted personnel (56.9%) are willing to pay extra money for a dental insurance plan with expanded benefits. Among officers, the proportion willing to pay extra for an expanded plan varies from 74.8% at installations providing low levels of dependent dental care to 56.2% at installations offering high levels of dependent dental care (Figures 59-61). Among enlisted personnel, the proportion willing to pay extra for an expanded plan remains fairly constant across assignment locations (Figures 63-65).

The opposite trends that we see in satisfaction levels with the ADDDIP across assignment locations for officers and enlisted personnel is perplexing. Officers are most satisfied with the ADDDIP at installations which provide low levels of space available dependent dental care. As access to dependent dental care improves, their satisfaction with the ADDDIP drops. However, officer dissatisfaction with the plan remains fairly constant across assignment locations. To us, the trends in the officer data suggest that the ADDDIP is viewed as most satisfactory where it does the most good in widening access to dental case.

In contrast, enlisted personnel are most satisfied with the ADDDIP at installations which provide high levels of space available dependent dental care. As access to military dependent dental care increases, their satisfaction with the ADDDIP increases. Enlisted dissatisfaction with the plan decreases as access to military dependent dental care increases.

The low satisfaction and high dissatisfaction with the ADDDIP among enlisted families at installations with low levels of military dependent dental care suggest to us that the tradeoff of cost for widened access to dental care is resented by enlisted personnel. We speculate that improved receptivity to the dental insurance plan as access to military dependent dental care increases is due to the fact that at these locations only enlisted families who wanted to join the ADDDIP did so. Fewer felt forced to do so.

Perhaps something else accounts for the gap between officer and enlisted families in their satisfaction levels with the ADDDIP. To clarify the issue, we recommend exploring the quality of services delivered under the ADDDIP in more detail. Just as we recommend with the quality of dental care in military dental clinics, we suggest exploring perceptions of technical proficiency, interpersonal skills, waiting times, access, and other aspects of care delivery under the ADDDIP. In addition, perceptions of the value for money of the ADDDIP should be probed. Knowing these perceptions might help program managers improve the image of the dental insurance plan.

## 4.2 Enrollment in the [illegible]v Dependents Dental Insurance Plan

According to esti[illegible] Office of the Civilian Health and Medical Plan of the U[illegible]rvices (OCHAMPUS), monitors of enrollment in the ADDDIP, [illegible]nsurance eligibles in the Army joined the ADDDIP initially [illegible]esults from this survey suggest a slightly lower enrollment.

That more senior than junior personnel are enrolled in the ADDDIP suggests that the dental insurance plan may be more attractive to soldiers with larger families. The fixed premium

for families with two or more dependents makes the ADDDIP better value for money for larger families. The enrollment pattern might also be explained by greater incomes of more senior personnel. That the best paid soldiers (O4+) have the highest enrollment lends support to this interpretation of the results. Because higher income groups have greater discretionary income than lower income groups, the relative costs of joining the ADDDIP is lower for them. Higher education levels may also influence enrollment choice.

The strong inverse relationship between enrollment in the ADDDIP and level of access to space available dependent dental care shows the powerful influence that assignment location has on enrollment choice. That officers are more likely than enlisted personnel to join the ADDDIP at installations that provide low levels of military dependent dental care suggests, to us, that enlisted personnel are more reluctant to accept the tradeoff of cost for widened access to dental care.

## 4.3 Enrollment in Other Civilian Dental Insurance

The low enrollment of military families in other civilian dental insurance plans (9.3%) suggest that few active duty soldiers have spouses holding jobs that offer attractive dental insurance benefits. Other civilian dental insurance plans are not a significant alternative to the ADDDIP or military space available care for Army dependents.

## 4.4 Enrollment Decision Regarding the Active Duty Dependents Dental Insurance Plan

The results show that two of the three leading reasons for enrolling in the ADDDIP - long queues and limited services provided to family members at military dental clinics - are negative aspects of space available dental care. Positive aspects of civilian dental care, such as preference for or convenience of civilian dentists, provide little incentive to join the plan. We conclude that marketing of the current plan should emphasize quick access to basic dental services.

The most common reason for enrolling in the ADDDIP for most rank subgroups and assignment locations is soldiers felt they had no choice. To us, this indicates a significant level of frustration and discontentment with the accessibility to dental care for Army dependents. The ADDDIP covers a very limited scope of dental services, many of which can be obtained in military dental clinics providing average or high levels of space available dependent dental care. Essentially, having the ADDDIP ensures quicker access to a very limited set of basic dental services. We interpret the feeling of no choice as expressed by many respondents as their viewing quicker access as not much of an improvement on

the status quo. We believe that an expanded benefits package would create more positive attitudes about enrolling in the ADDDIP.

The finding that junior officers and enlisted personnel are more likely than senior ranking personnel to prefer civilian dentists probably reflects less exposure by junior military personnel to the military dental care system.

One of the leading reasons Army families give for not enrolling in the ADDDIP is the limited scope of coverage of the plan. It is our opinion that an expanded benefits package would lead to higher enrollments by Army families in the ADDDIP. Another leading reason for nonenrollment is that military dependent dental care is easy to get. While cutting the amount of military dependent dental care might lead to greater enrollment in the ADDDIP, we would strongly advise against such a policy. Such an approach would create an adverse impact on morale and may even make soldiers hostile toward the ADDDIP. They may view such a policy as forcing them to join what is termed a voluntary benefit. We instead, recommend the use of positive incentives to lure family members out of military dental clinics. If the ADDDIP was expanded to cover more services than those routinely provided to dependents in military dental clinics, it could become a strong, viable option to military dependent dental care.

Results from this study suggest that increasing the cost of the ADDDIP is a realistic, acceptable option for expanding its benefits. Among the choices given for not enrolling in the ADDDIP, few respondents fault the costs of the premium or co-payment level. This suggests, to us, that there is potential to raise the cost of either or both of these features of the ADDDIP in order to expand coverage of the plan and make the ADDDIP more attractive to Army families.

Lack of familiarity with the ADDDIP is more common with junior officers and enlisted personnel than with their senior counterparts. This may be because information about the plan is not disseminating down through the ranks, or because lower ranking personnel are not receptive to the message. It is reasonable to assume that career-oriented soldiers are more likely to closely scrutinize service benefits than noncareer-oriented soldiers.

The magnitude of nonfamiliarity with the ADDDIP is really a significant problem with only E1-E4s. We conclude that efforts to improve the marketing of the plan should concentrate on this group. The sheer size of this group relative to other components of the Army means a failure to market the plan well with this group would have major ramifications.

## 4.5 Expansion of the Benefits Package of the Active Duty Dependents Dental Insurance Plan

The most requested dental services to be added to the ADDDIP are expensive - braces, crown and bridge, root canals, and extractions. If these services are added to the plan, they would most likely require large co-payments. If this was done, the plan may be more expensive yet keep costlier services out of reach to lower income groups. In effect, the result would be a perverse subsidization of the affluent members of the plan by the less affluent. Everyone would be paying more for a expanded plan, but only the affluent members would be fully able to take advantage of the expanded benefits.

One way around this would be to offer multiple benefits packages. Premiums and co-payments would vary with the extent of services covered, and soldiers would select the plan that they best feel meets their family's needs. However, tiering of benefits is generally more costly than a single standard plan because there is less pooling of risks. For example, if all families needing orthodontic care joined a plan covering this service, their insurance rates would be higher than for a group of families that an insurer knew only one in five would need orthodontic treatment. There is also the problem of families shifting to less costly plans after their costlier treatment needs are met.

While we advocate a more comprehensive dental insurance plan for military families, we urge careful study of the structuring of the benefits package. Although we know that most Army families are willing to pay up to $5 (some even more) a month extra for an expanded dental insurance plan, we do not know exactly what they expect to gain from that input. We recommend that specific trade-offs of extra costs per benefits gained be explored. For example, would soldiers be willing to pay $5 extra per month if the ADDDIP was expanded to include coverage of root canals and extractions with 20% co-payment and crown and bridge at 50% co-payment?

In conjunction with OCHAMPUS, the Dental Studies Division, HCSCIA, has developed a questionnaire probing these tradeoffs. The questionnaire is scheduled to be fielded on a Tri-Service level in the summer of 1990.

## References


1. Chisick, M.C., Guerin, R.D. and Shulman, J.D. (1990). The Dental Needs of Army Family Members, 1986: A Pilot Study. Dental Studies Division, U.S. Army Health Care Studies and Clinical Investigation Activity, Report # DR90-002., Ft. Sam Houston, TX.

2. Maze, R. "DOD Shows Little Interest in Dental Insurance", The Army Times, 21 July 1986, p.6.

3. Chisick, M.C., and Guerin, R.D. (1990) The Dental Health of Army Family Members: 1987-1988. Volume I: Introduction and Methods/Characteristics of Study Sample/Dental Treatment Needs. Dental Studies Division, U.S. Army Health Care Studies and Clinical Investigation Activity, Report # DR90-001A., Ft. Sam Houston, TX.

4. Chisick, M.C., and Guerin, R.D. (1990) The Dental Health of Army Family Members: 1987-1988. Volume II: Perceived Need and Dental Utilization. Dental Studies Division, U.S. Army Health Care Studies and Clinical Investigation Activity, Report # DR90-001B., Ft. Sam Houston, TX.

5. Chisick, M.C., and Guerin, R.D. (1990) The Dental Health of Army Family Members: 1987-1988. Volume III: Attitudes Toward the Active Duty Dependents Dental Insurance Plan and Enrollment Choice. Dental Studies Division, U.S. Army Health Care Studies and Clinical Investigation Activity, Report # DR90-001C., Ft. Sam Houston, TX.

# Appendix A

## Survey Instrument and Figures

## FAMILY MEMBER DENTAL INSURANCE PLAN (CONTINUED)

14. How satisfied are you with the quality of the FMDIP services provided to your family?
    A. Does not apply; my family has not participated in FMDIP.
    B. Very satisfied
    C. Satisfied
    D. Neither satisfied nor dissatisfied
    E. Dissatisfied
    F. Very dissatisfied

15. What dental service, currently not covered under the FMDIP, would you MOST like to have included in the plan? SELECT ONLY ONE.
    A. Root canals
    B. Braces
    C. Gum surgery
    D. Crowns (caps) and bridges
    E. Extractions (tooth removal)
    F. Partial or full dentures
    G. Sealants
    H. Other
    I. I do not know.

16. What dental service, currently not covered under the FMDIP, would you <u>SECOND MOST</u> like to have included in the plan? SELECT ONLY ONE.
    A. Root canals
    B. Braces
    C. Gum surgery
    D. Crowns (caps) and bridges
    E. Extractions (tooth removal)
    F. Partial or full dentures
    G. Sealants
    H. Other
    I. I do not know.

17. How much extra in monthly membership fees would you be willing to pay if the FMDIP covered the additional services you selected above?
    A. Does not apply; I do not participate in FMDIP and do not plan to participate.
    B. No extra fees
    C. Less than $5 a month
    D. $5.00 to $9.99 a month
    E. $10.00 to $14.00 a month
    F. $15.00 to $19.99 a month
    G. $20.00 or more a month

IF YOU SKIPPED QUESTIONS 31 THROUGH 38 BECAUSE YOU HAVE NO DEPENDENT CHILDREN, RESUME ANSWERING QUESTIONS HERE.

## FAMILY MEMBER DENTAL INSURANCE PLAN

39. How satisfied are you with the quality of dental care provided to your family in military dental clinics?
    A. Does not apply; I have no civilian dependents or my family has not used military dental clinics.
    B. Very satisfied
    C. Satisfied
    D. Neither satisfied nor dissatisfied
    E. Dissatisfied
    F. Very dissatisfied

40. Are you currently enrolled in the Family Member Dental Insurance Plan (FMDIP)?
    A. Yes
    B. No

41. Do you have another form of civilian dental insurance other than FMDIP?
    A. Yes
    B. No

42. What is the MOST important reason you did NOT enroll in the FMDIP?
    A. Does not apply; I am enrolled in FMDIP or I have no civilian dependents.
    B. The monthly membership fee costs too much.
    C. Military dental care for my dependents is easy to get.
    D. My having to pay 20 percent of the cost for fillings is too much.
    E. The insurance plan does not cover enough services.
    F. Dental care off post is too high even with insurance.
    G. I am not familiar with FMDIP.
    H. Other reason

43. What is the MOST important reason you enrolled in the FMDIP?
    A. Does not apply; I am not enrolled in FMDIP.
    B. The wait for care at military dental clinics is too long.
    C. I prefer treatment by civilian rather than military dentists.
    D. Military dental clinics offer only limited family services.
    E. Location of dentists is more convenient.
    F. I felt I had no choice.
    G. Other reason

# OFFICER SAMPLE CHARACTERISTICS

## RANK

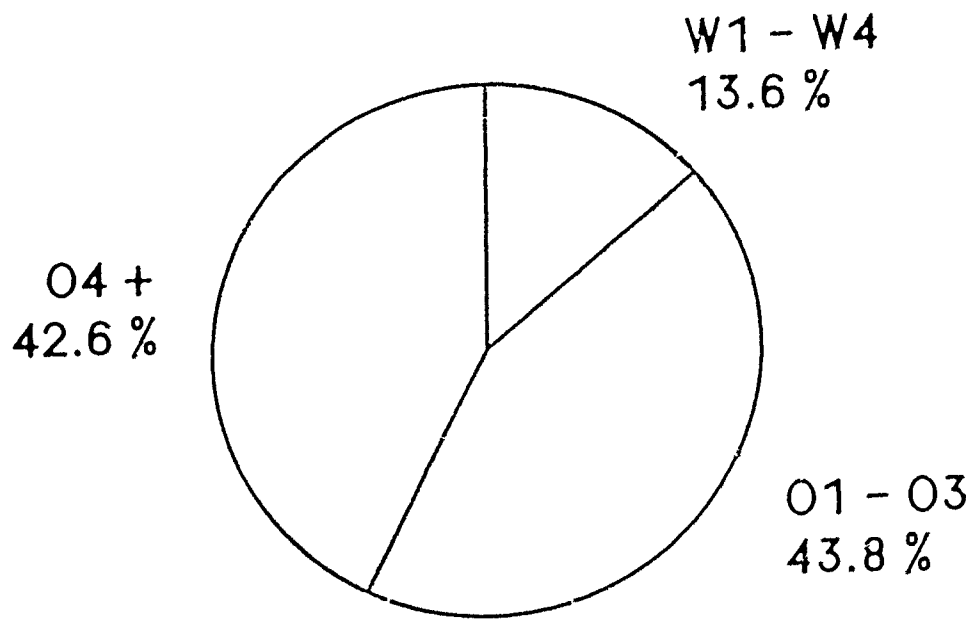



Figure 2

# OFFICER SAMPLE CHARACTERISTICS

## GENDER

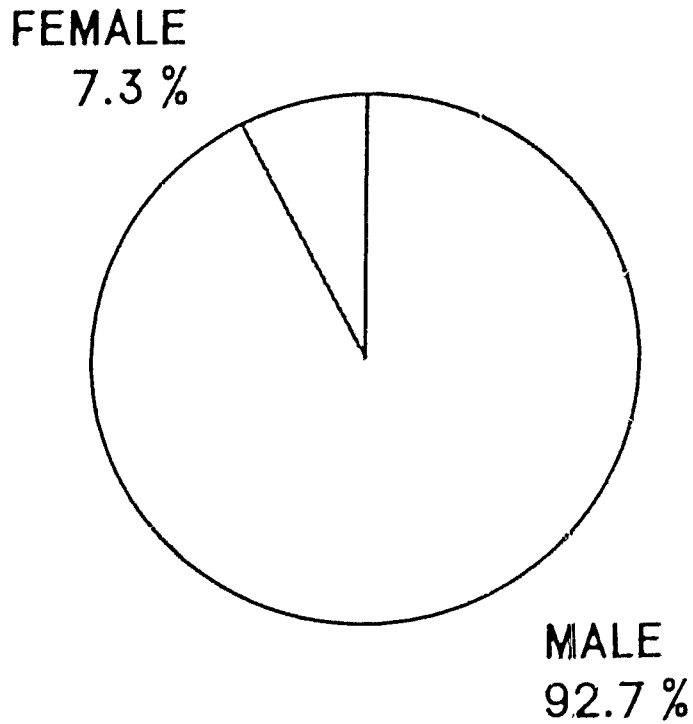



Figure 3

# OFFICER SAMPLE CHARACTERISTICS

## RACE

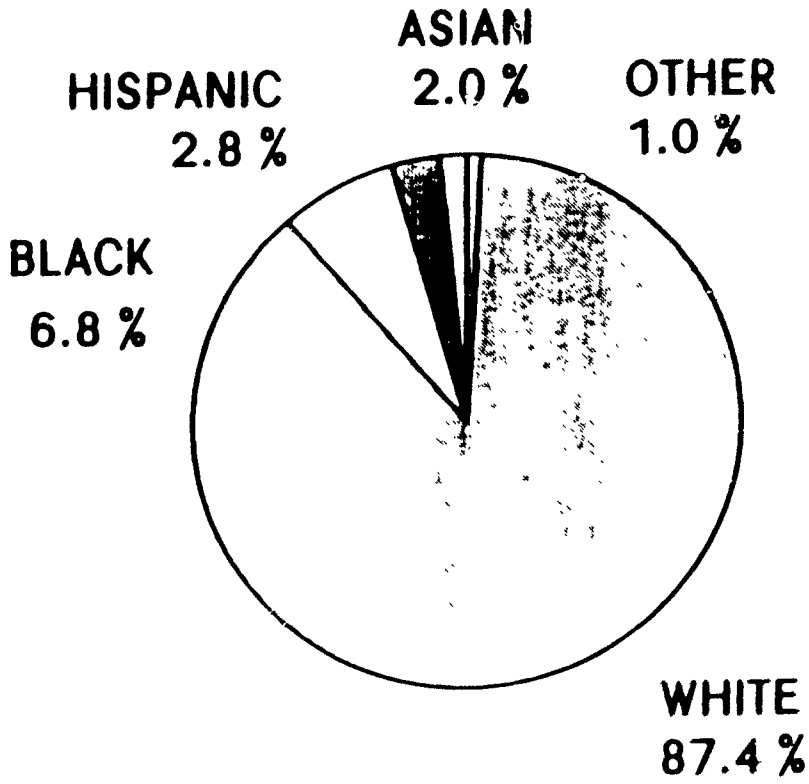



Figure 4

# OFFICER SAMPLE CHARACTERISTICS

## EDUCATION

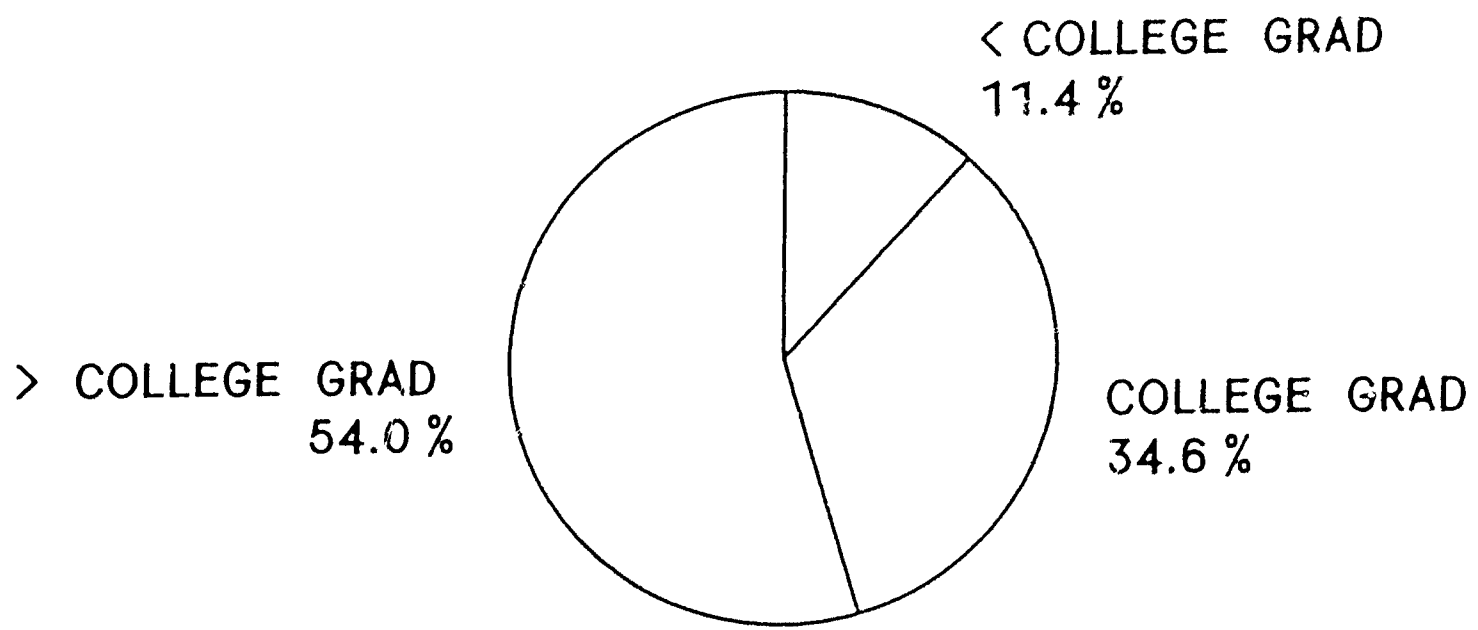



Figure 5

# OFFICER SAMPLE CHARACTERISTICS

## LEVEL OF SPACE-AVAILABLE CARE AT DUTY ASSIGNMENT

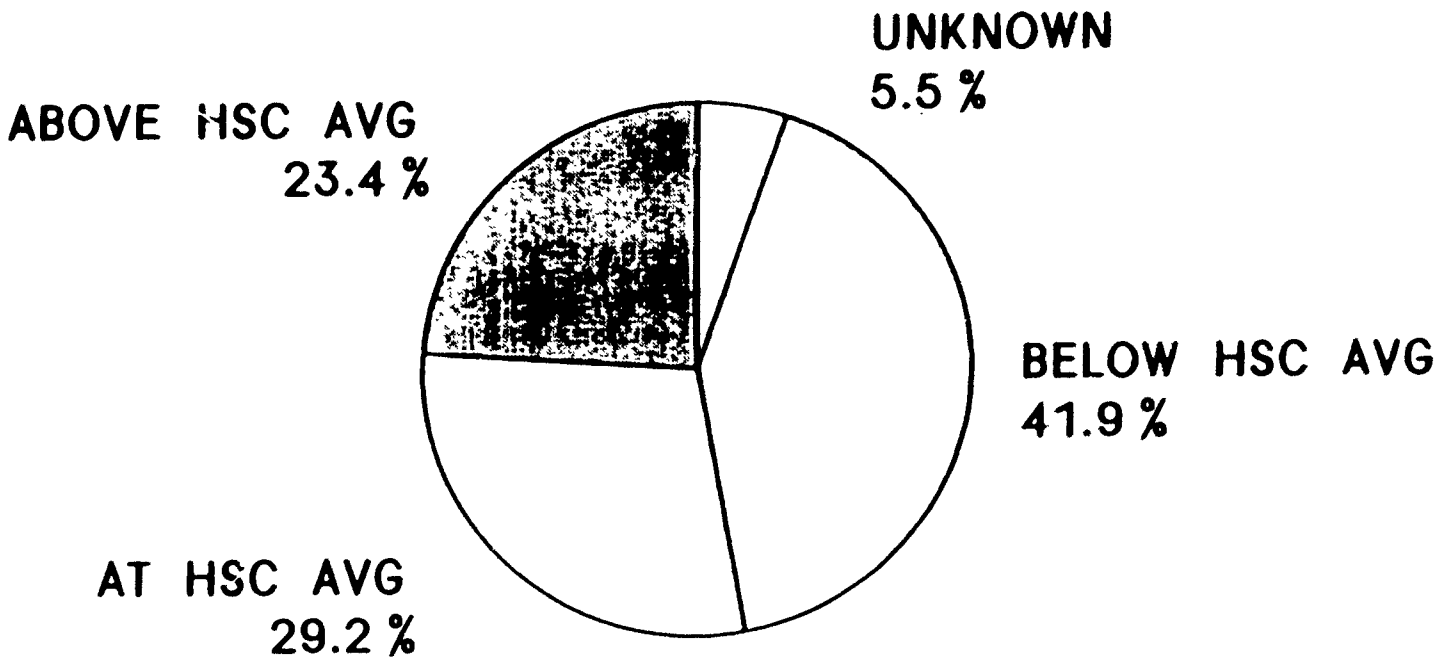



Figure 6

# ENLISTED SAMPLE CHARACTERISTICS

## RANK

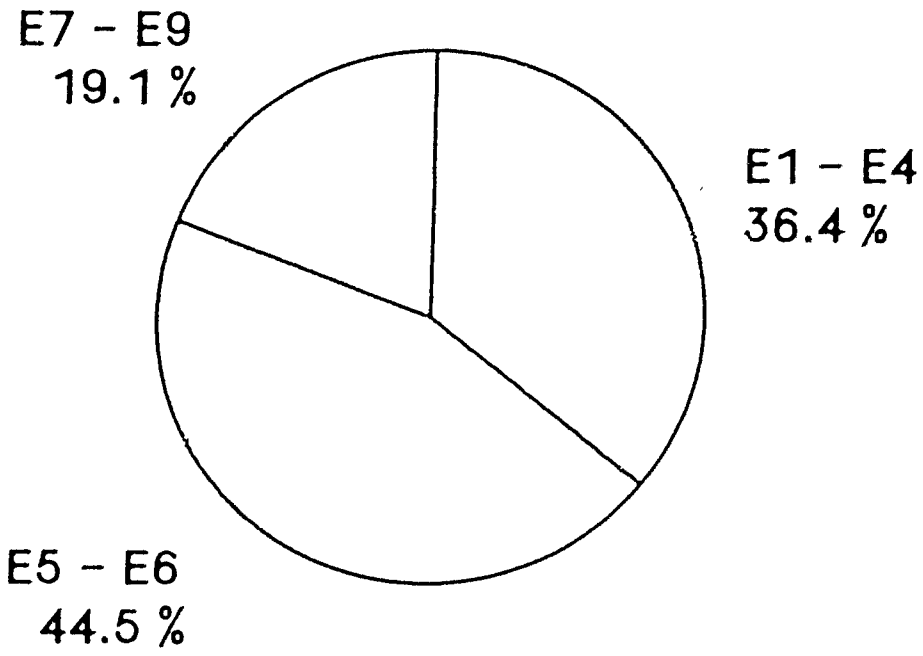



Figure 7

# ENLISTED SAMPLE CHARACTERISTICS

## RACE

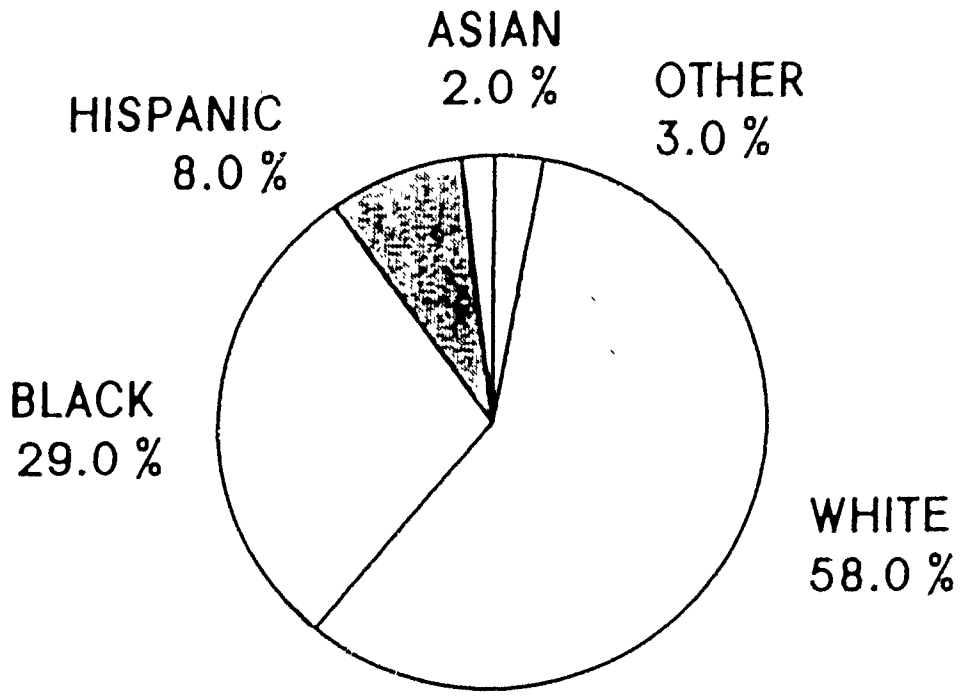



Figure 8

# ENLISTED SAMPLE CHARACTERISTICS

## GENDER

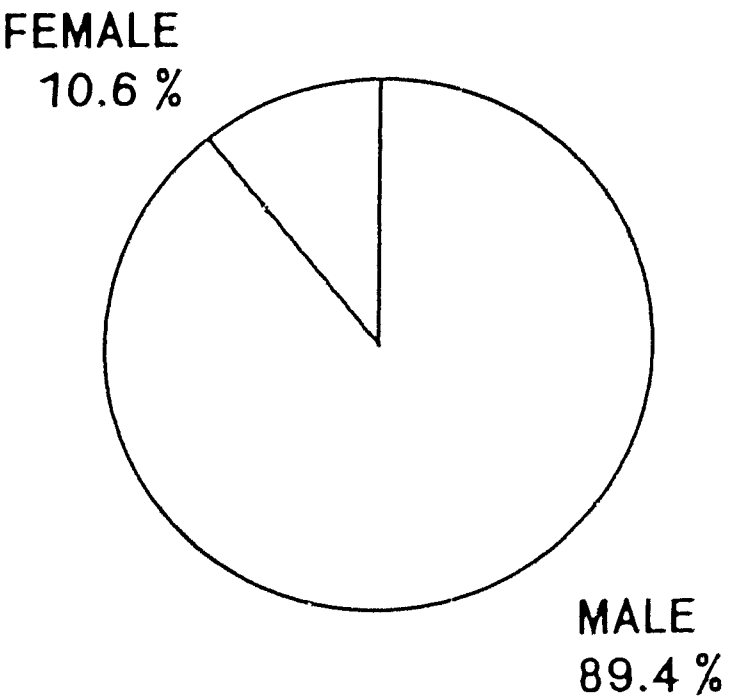



Figure 9

# ENLISTED SAMPLE CHARACTERISTICS

## EDUCATION

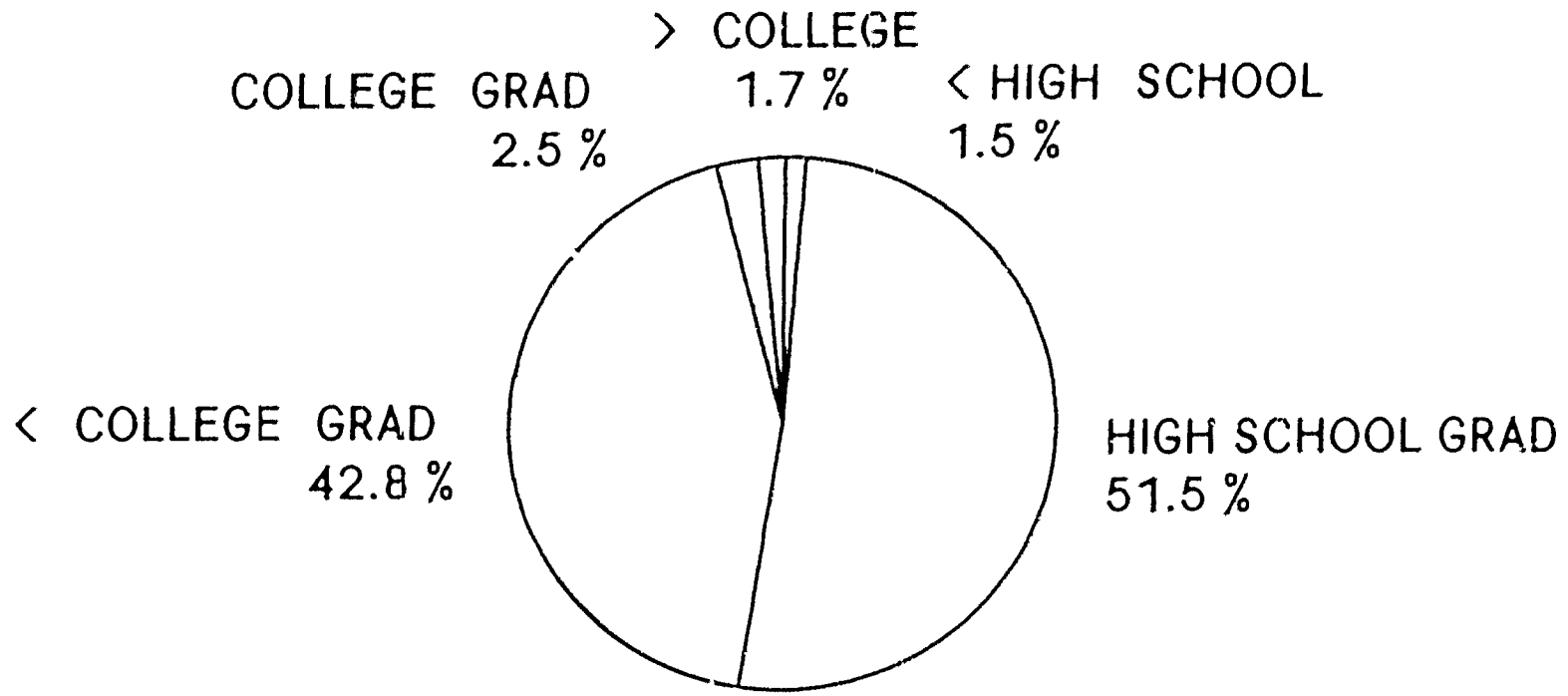



Figure 10

# ENLISTED SAMPLE CHARACTERISTICS

## LEVEL OF SPACE-AVAILABLE CARE AT DUTY ASSIGNMENT

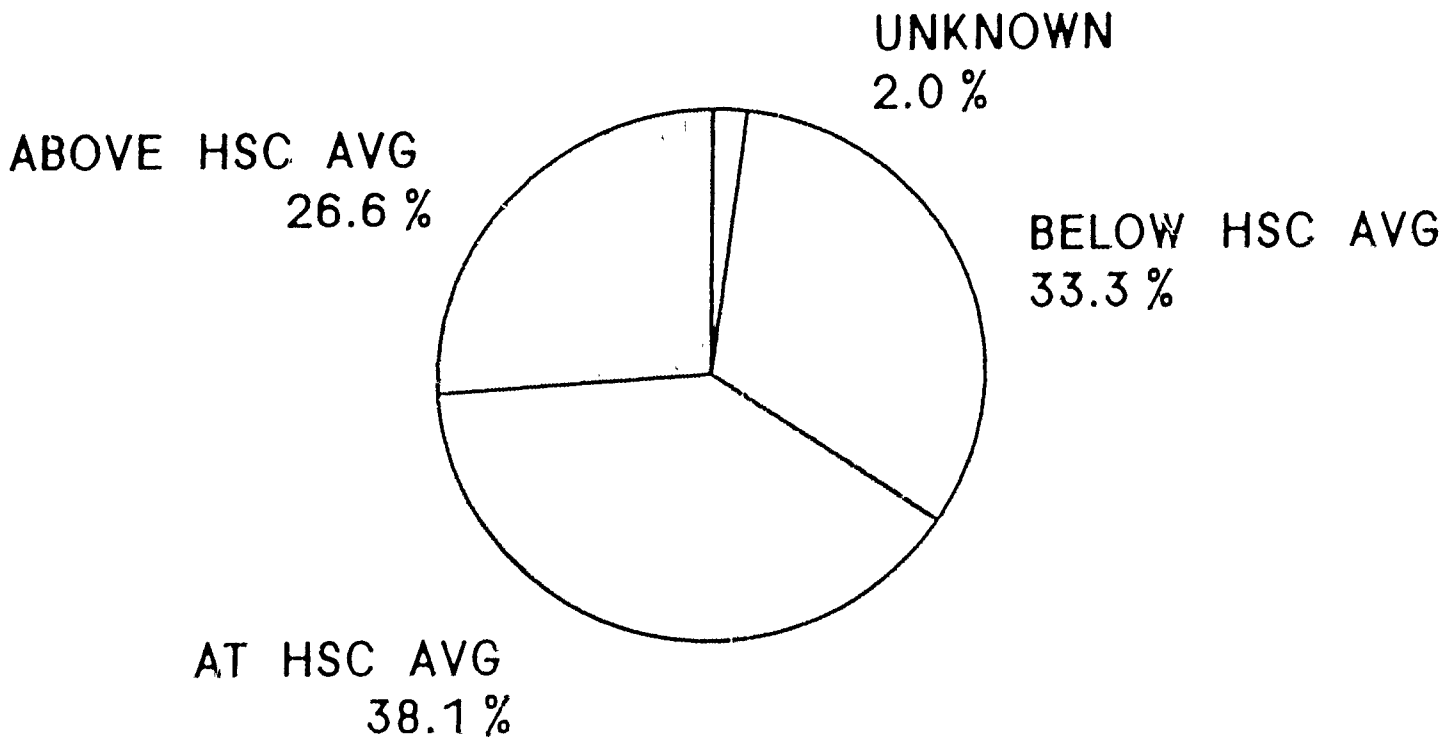
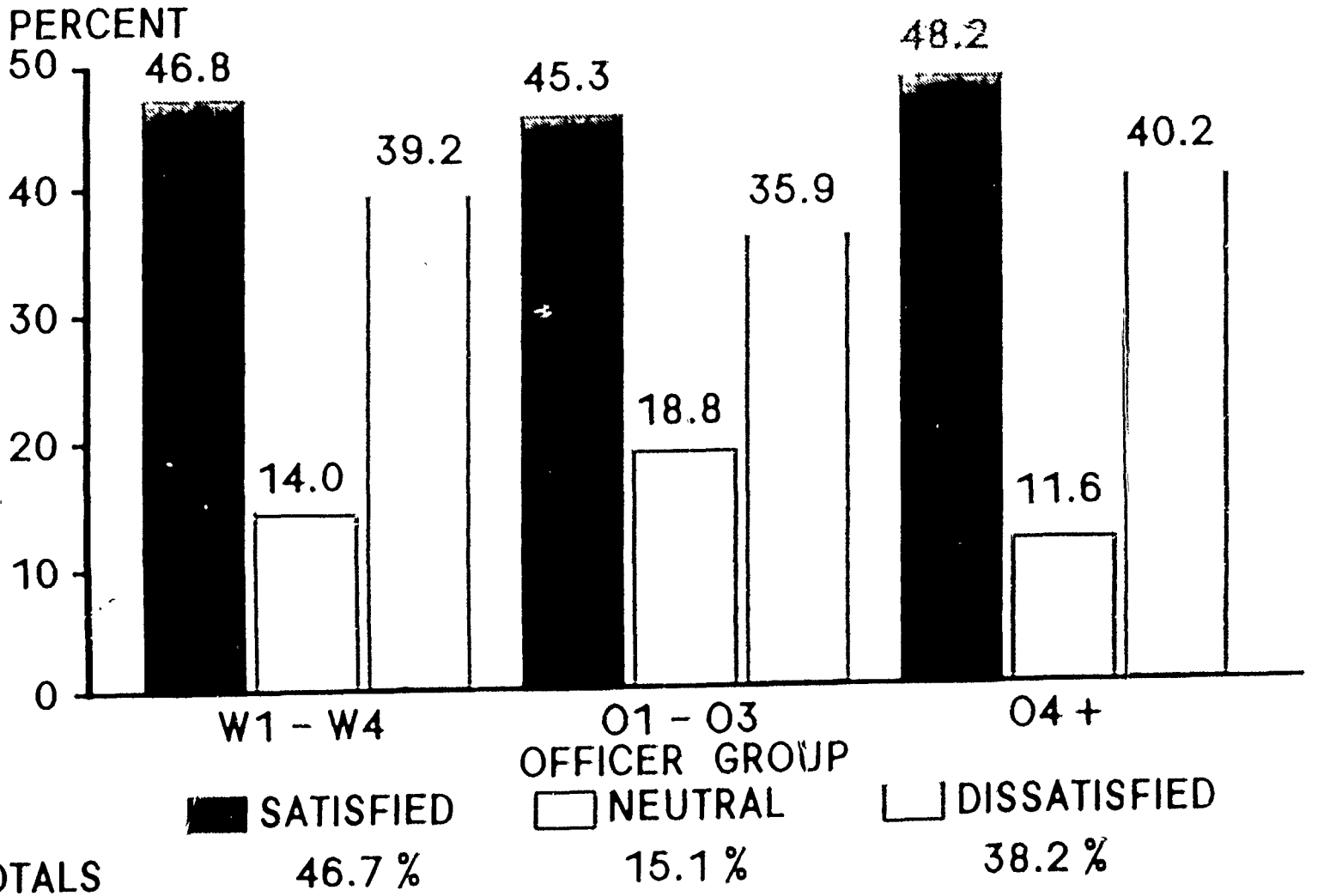



Figure 11

# SATISFACTION W/QUALITY FAMILY DENTAL CARE IN MILITARY CLINIC



# SAT W/QUALITY FAMILY DENTAL CARE IN MIL CLINIC/LEVEL OF SPACE-A CARE FOR OFFICERS

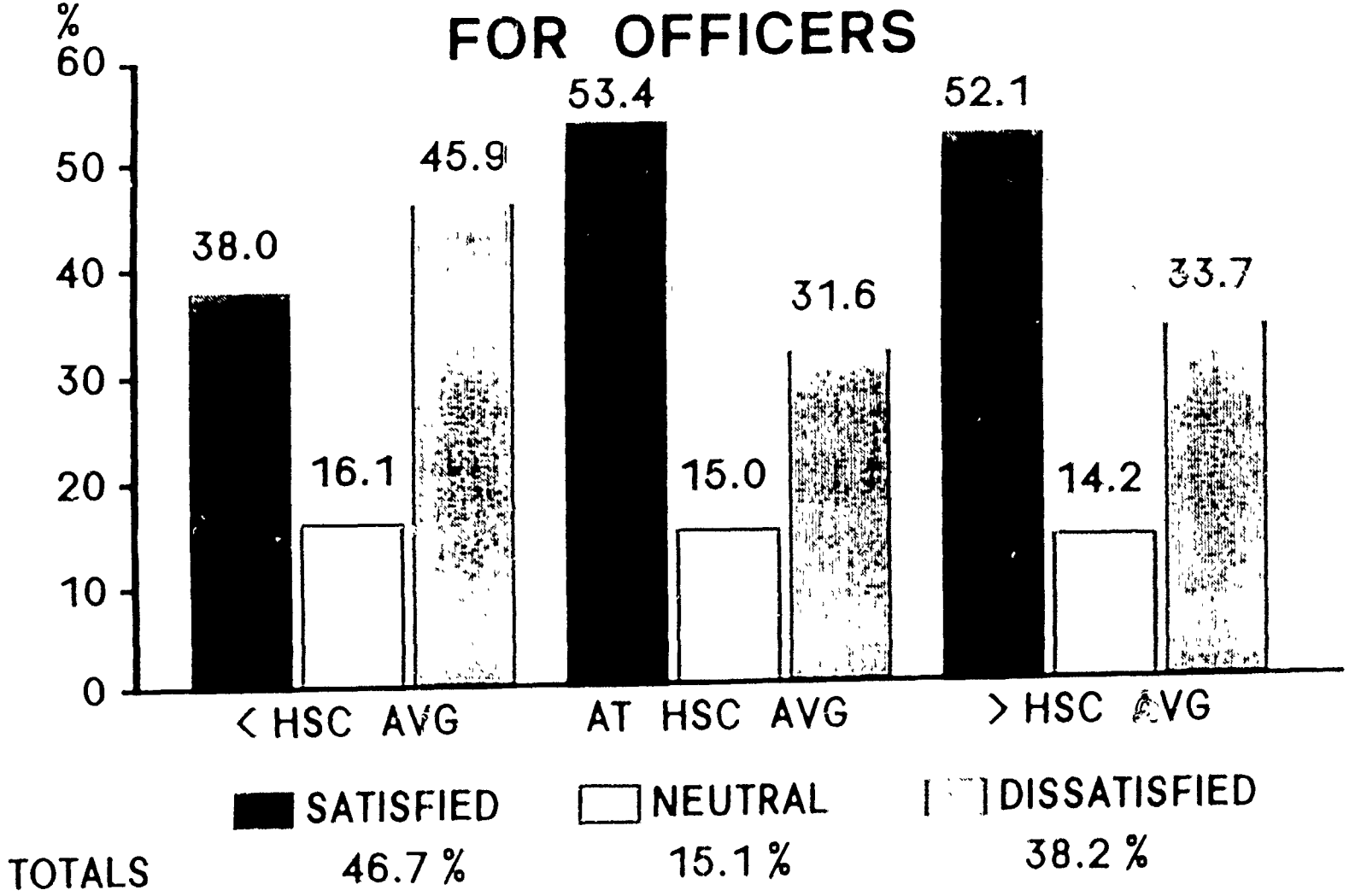



Figure 13

# SATISFACTION W/QUALITY FAMILY DENTAL CARE IN MILITARY CLINIC

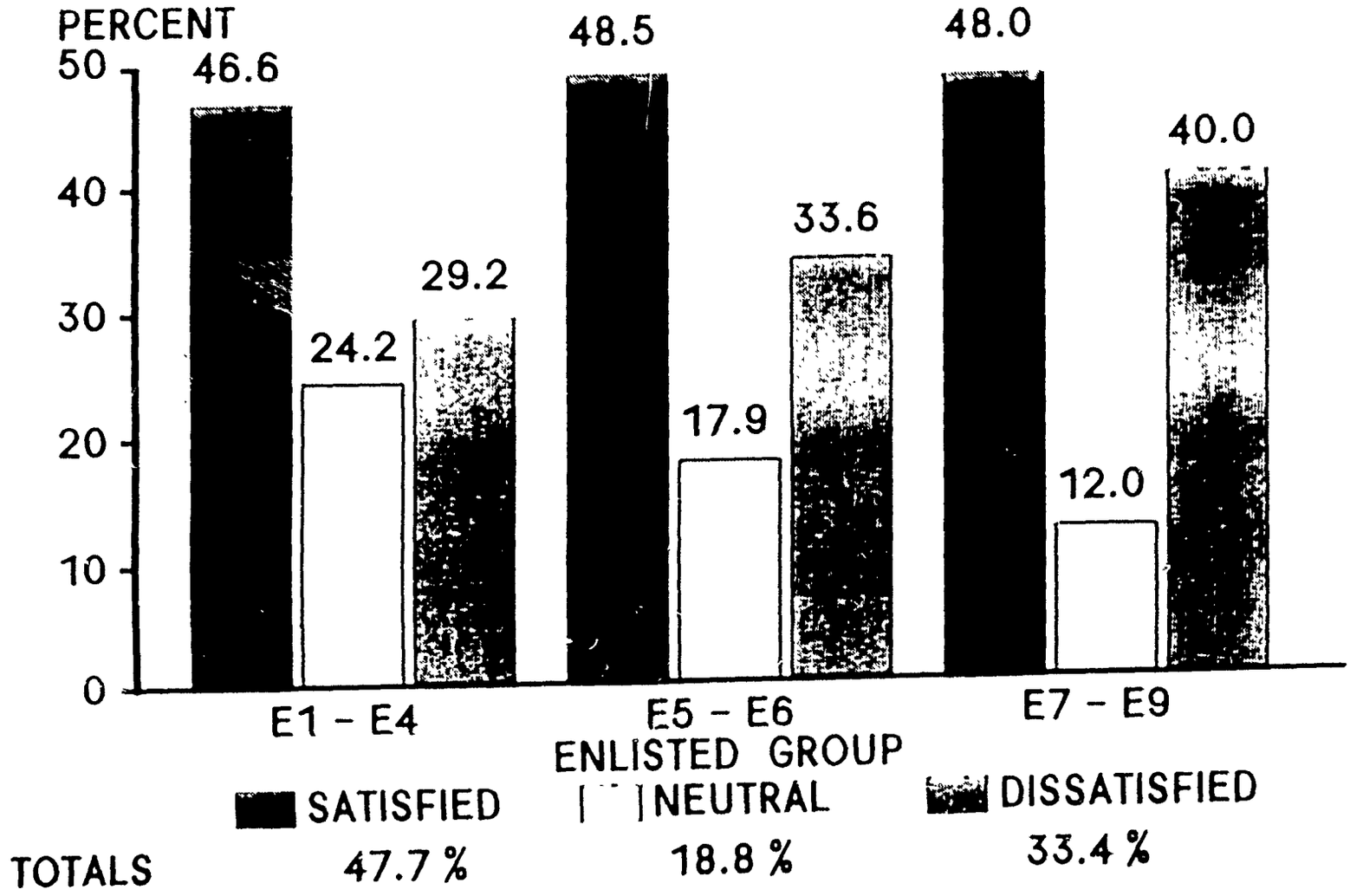
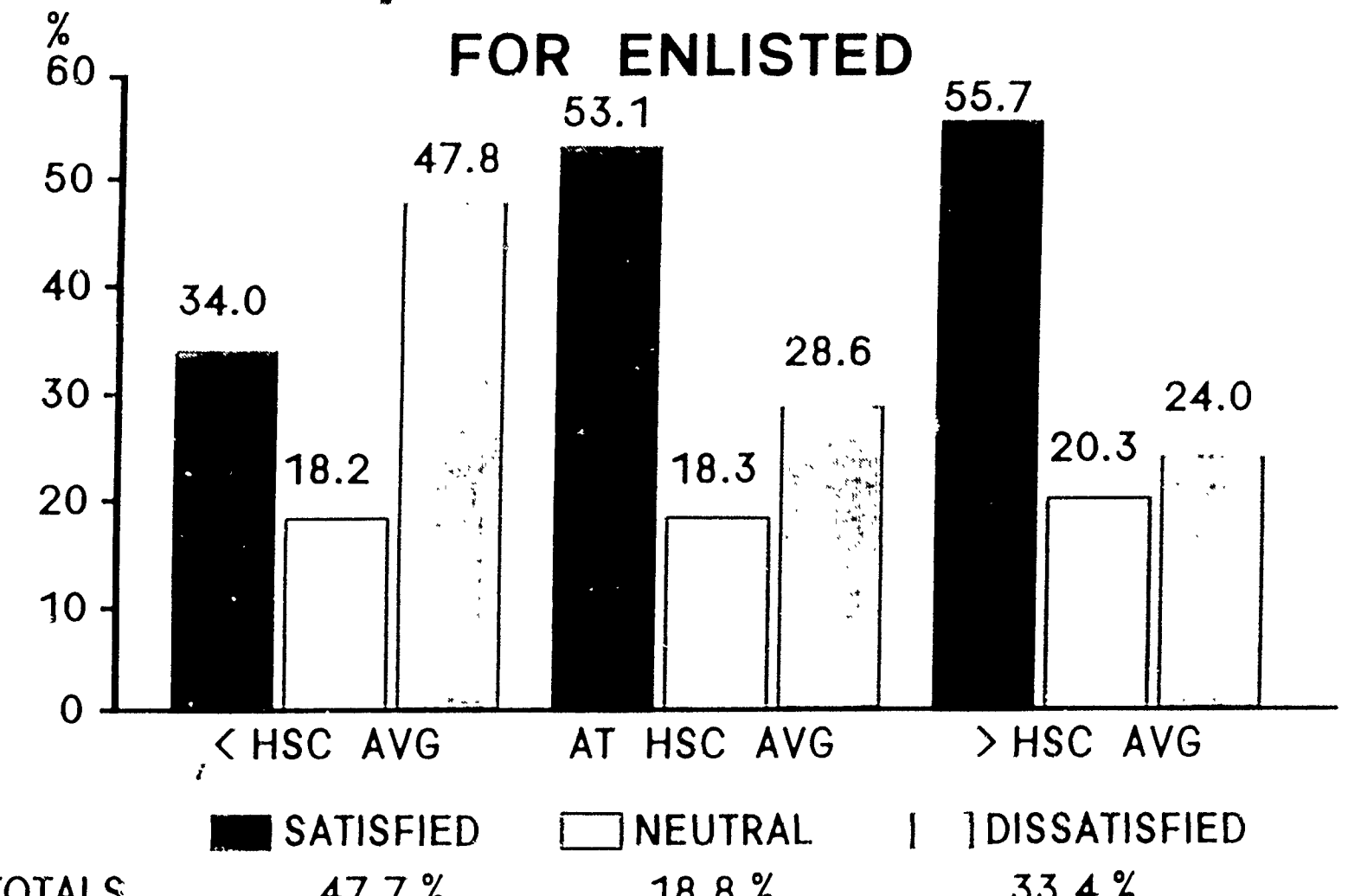



Figure 14

# SAT W/QUALITY FAMILY DENTAL CARE IN MIL CLINIC/LEVEL OF SPACE-A CARE FOR ENLISTED




| | SATISFIED | NEUTRAL | DISSATISFIED |
|---|---|---|---|
| TOTALS | 47.7 % | 18.8 % | 33.4 % |

Figure 15

# SAT W/QUALITY OF FAMILY DENTAL CARE IN OCONUS MILITARY CLINICS FOR OFFICERS

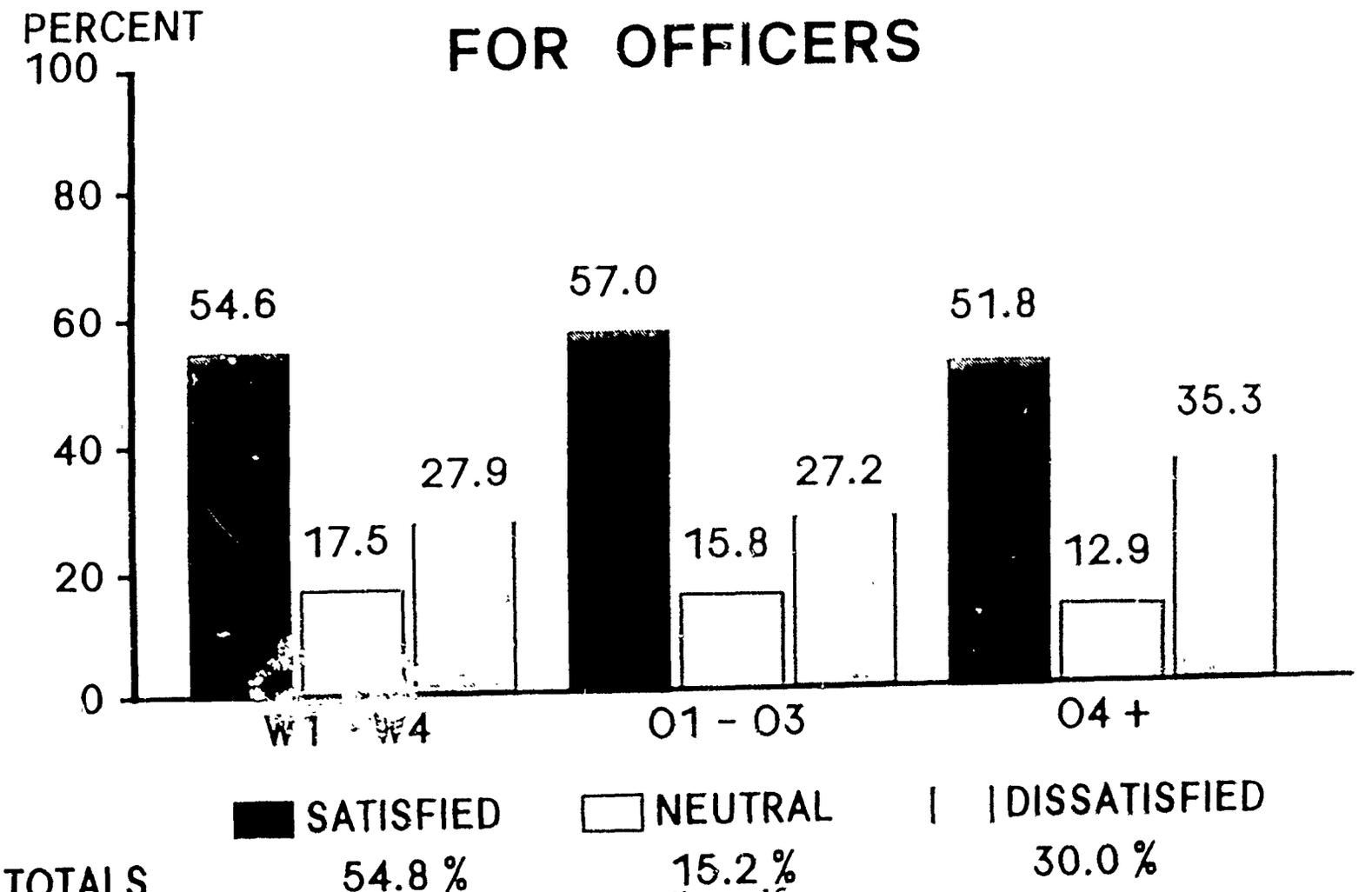
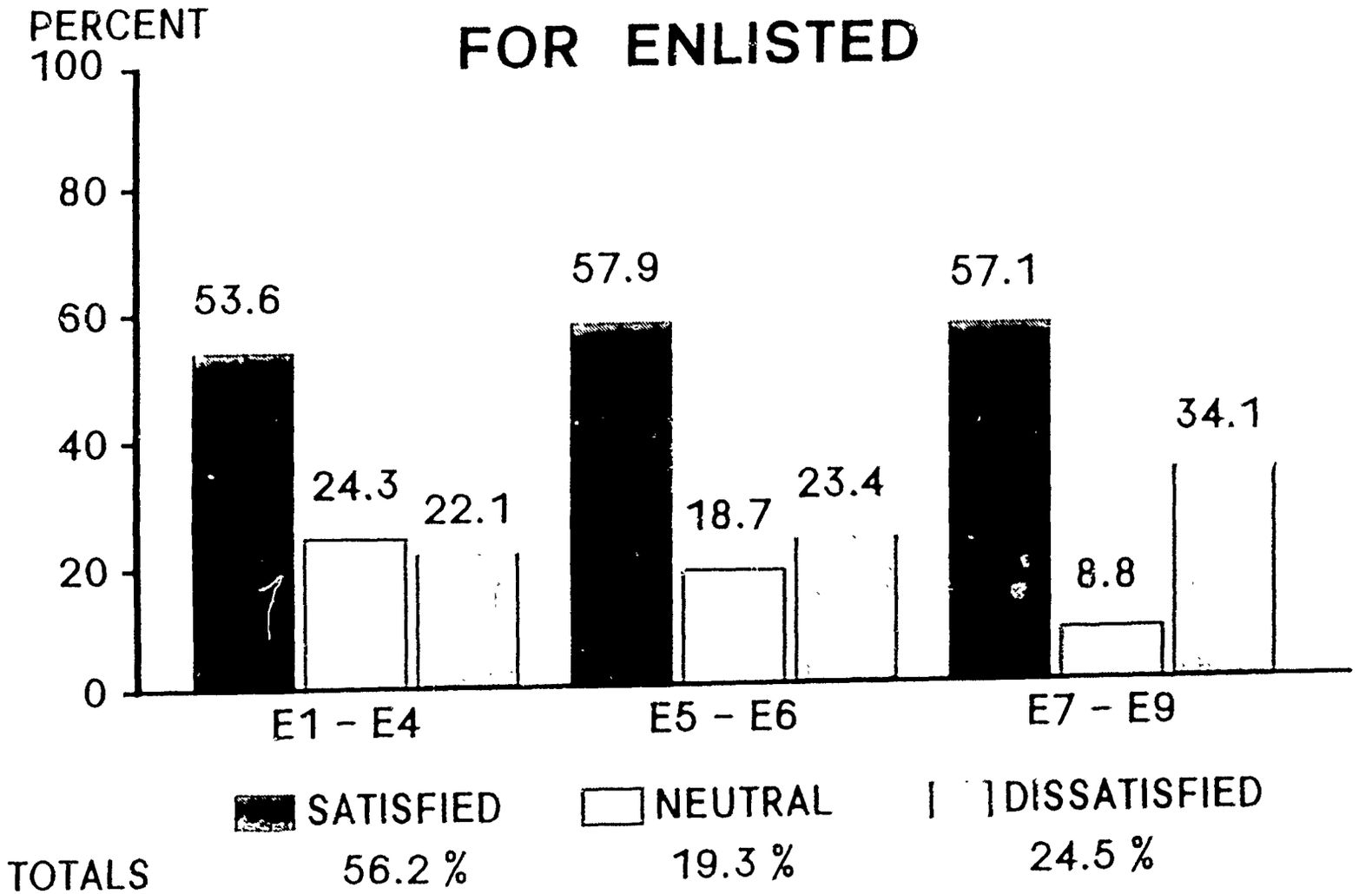



Figure 16

# SAT W/QUALITY OF FAMILY DENTAL CARE IN OCONUS MILITARY CLINICS FOR ENLISTED



# SATISFACTION W/QUALITY OF ADDDIP FOR OFFICER RANK GROUPS

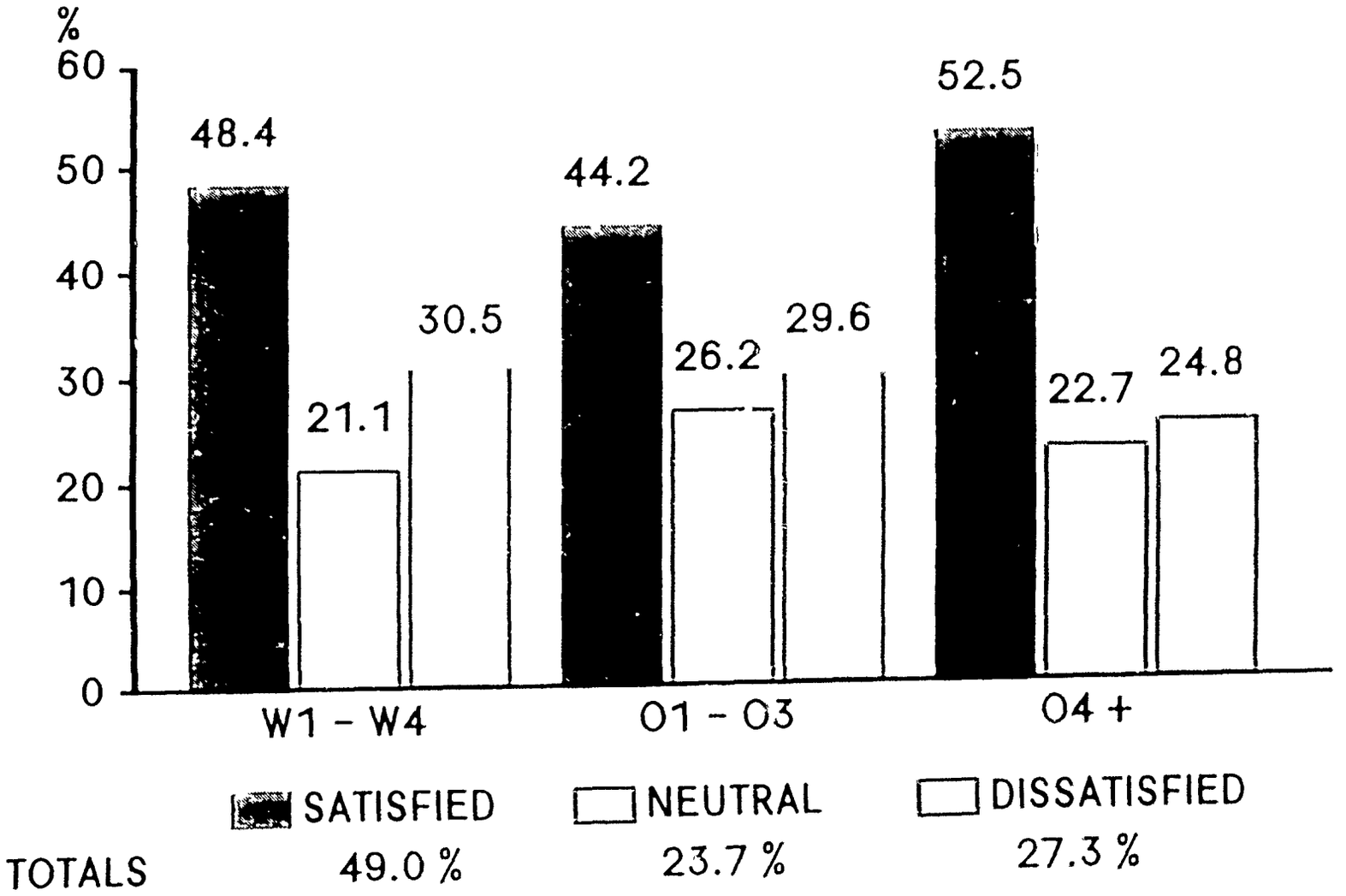



Figure 19

# SAT W/QUALITY OF ADDDIP BY LEVEL OF SPACE-A CARE FOR OFFICERS

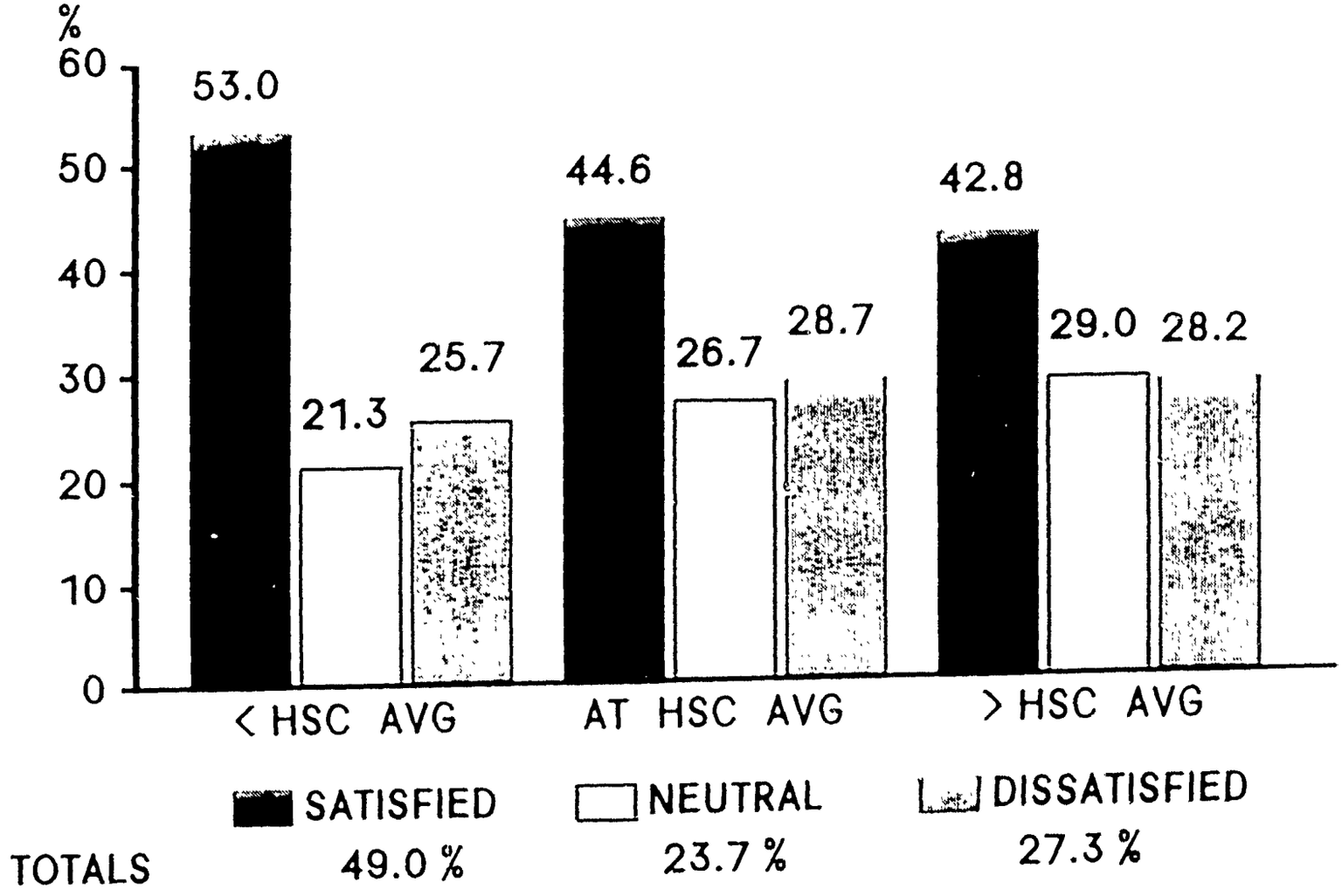



Figure 19

# SATISFACTION W/QUALITY OF ADDDIP FOR ENLISTED RANK GROUPS

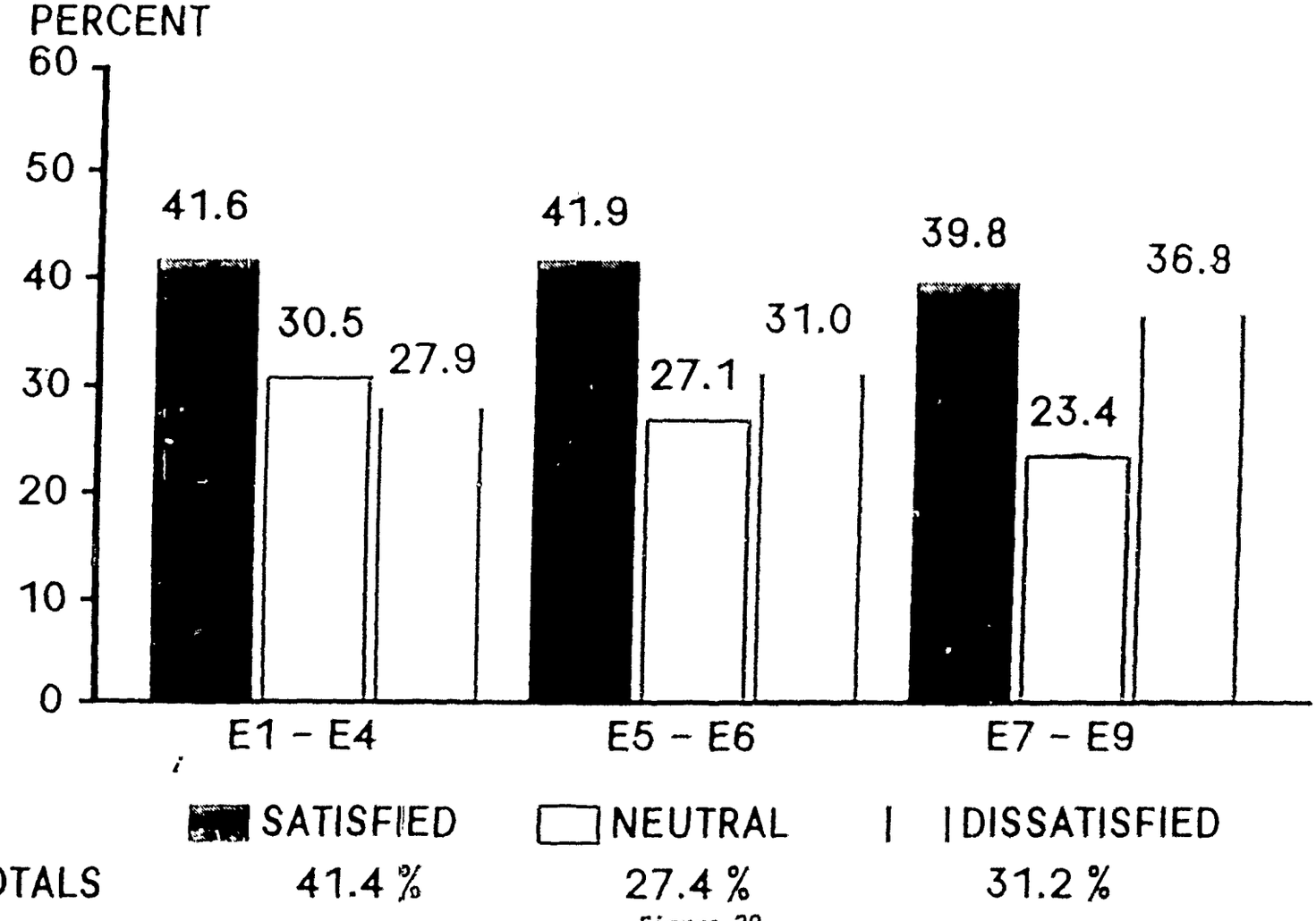
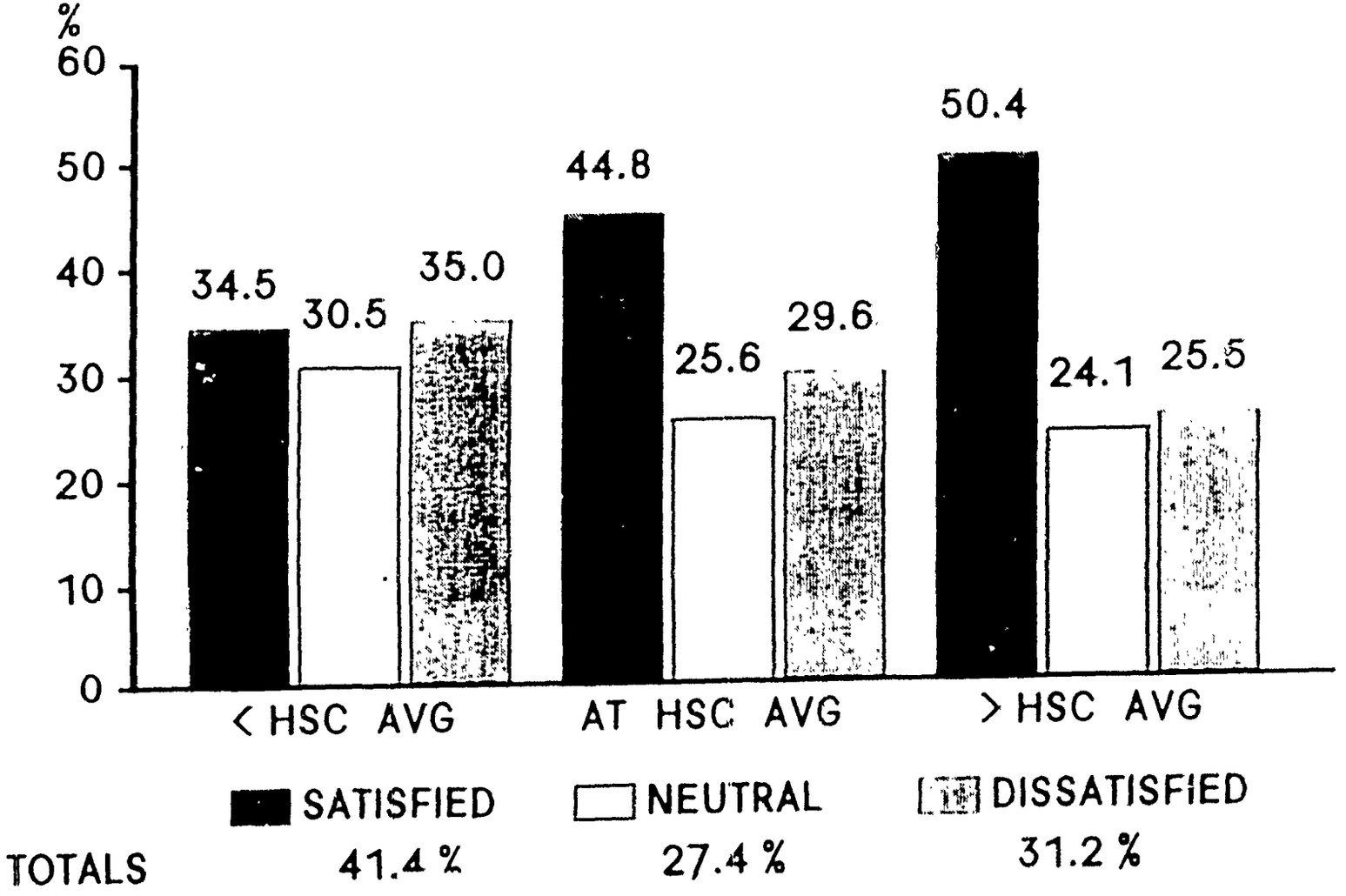



Figure 20

# SAT W/QUALITY OF ADDDIP BY LEVEL OF SPACE-A CARE FOR ENLISTED




TOTALS 41.4 % 27.4 % 31.2 %

# ENROLLMENT IN ADDDIP BY RANK GROUP

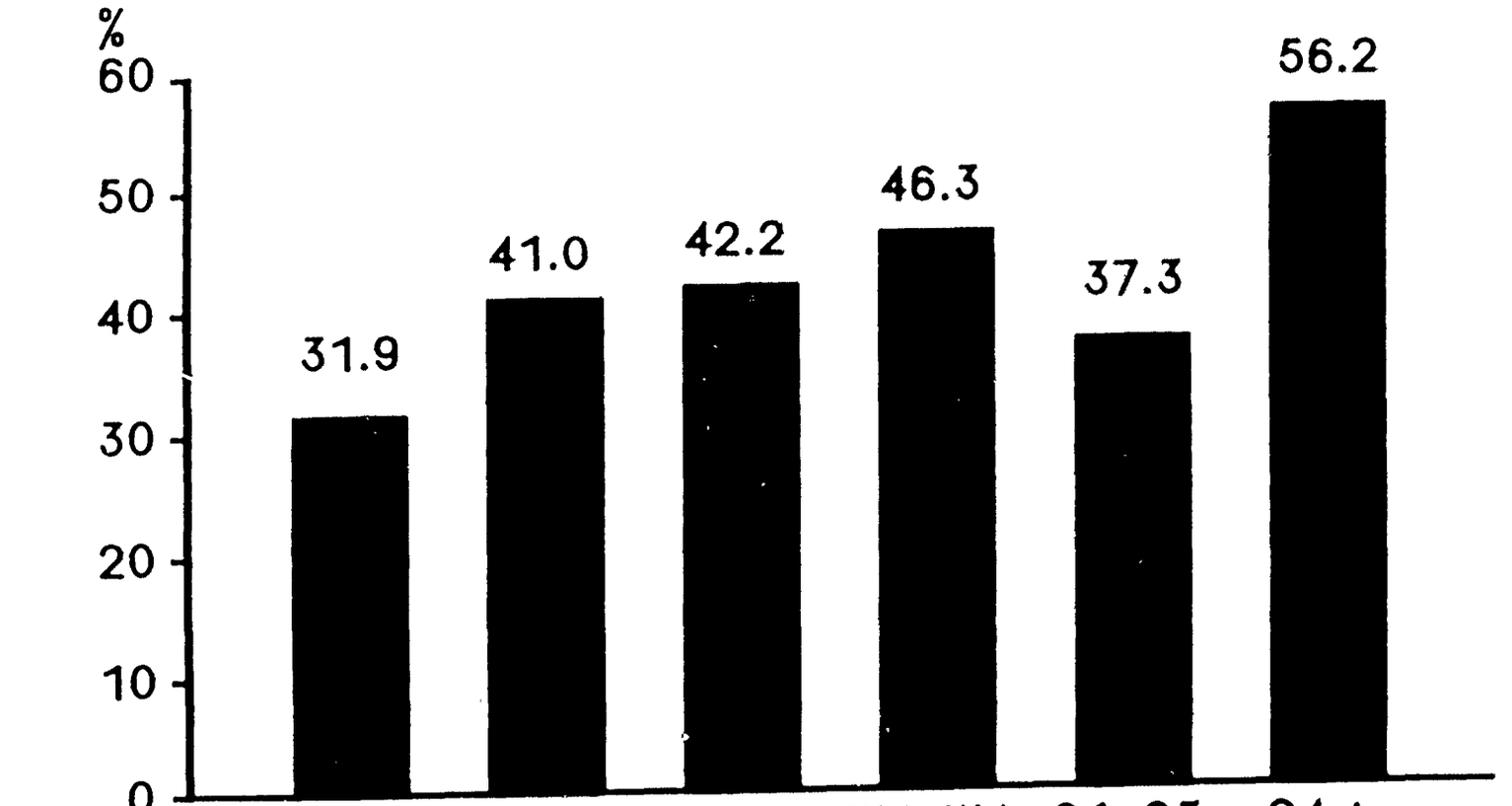



Figure 22

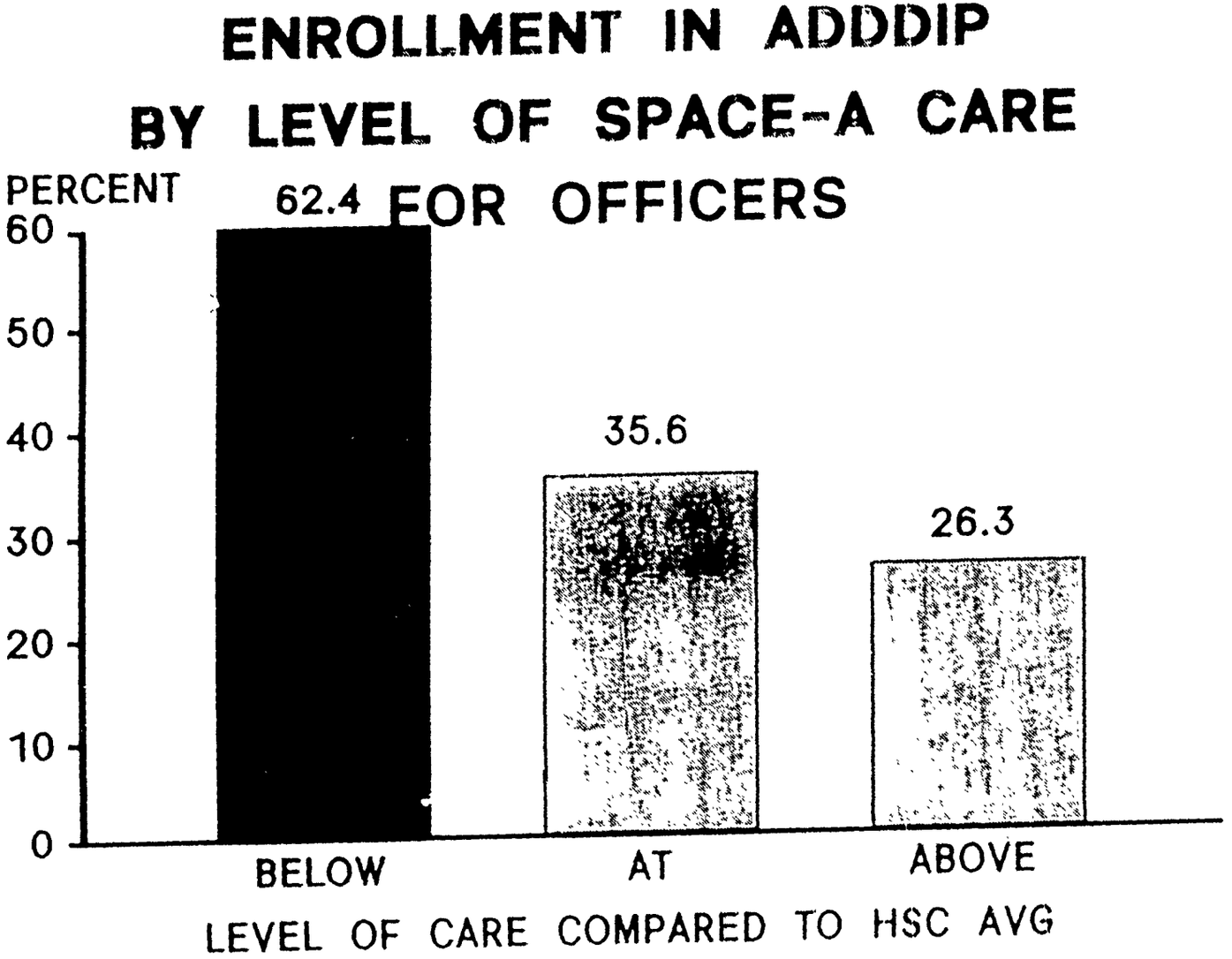

ENROLLMENT IN ADDDIP
BY LEVEL OF SPACE-A CARE
FOR OFFICERS
PERCENT
60
50
40
30
20
10
0
62.4
35.6
26.3
BELOW
AT
ABOVE
LEVEL OF CARE COMPARED TO HSC AVG

Figure 23

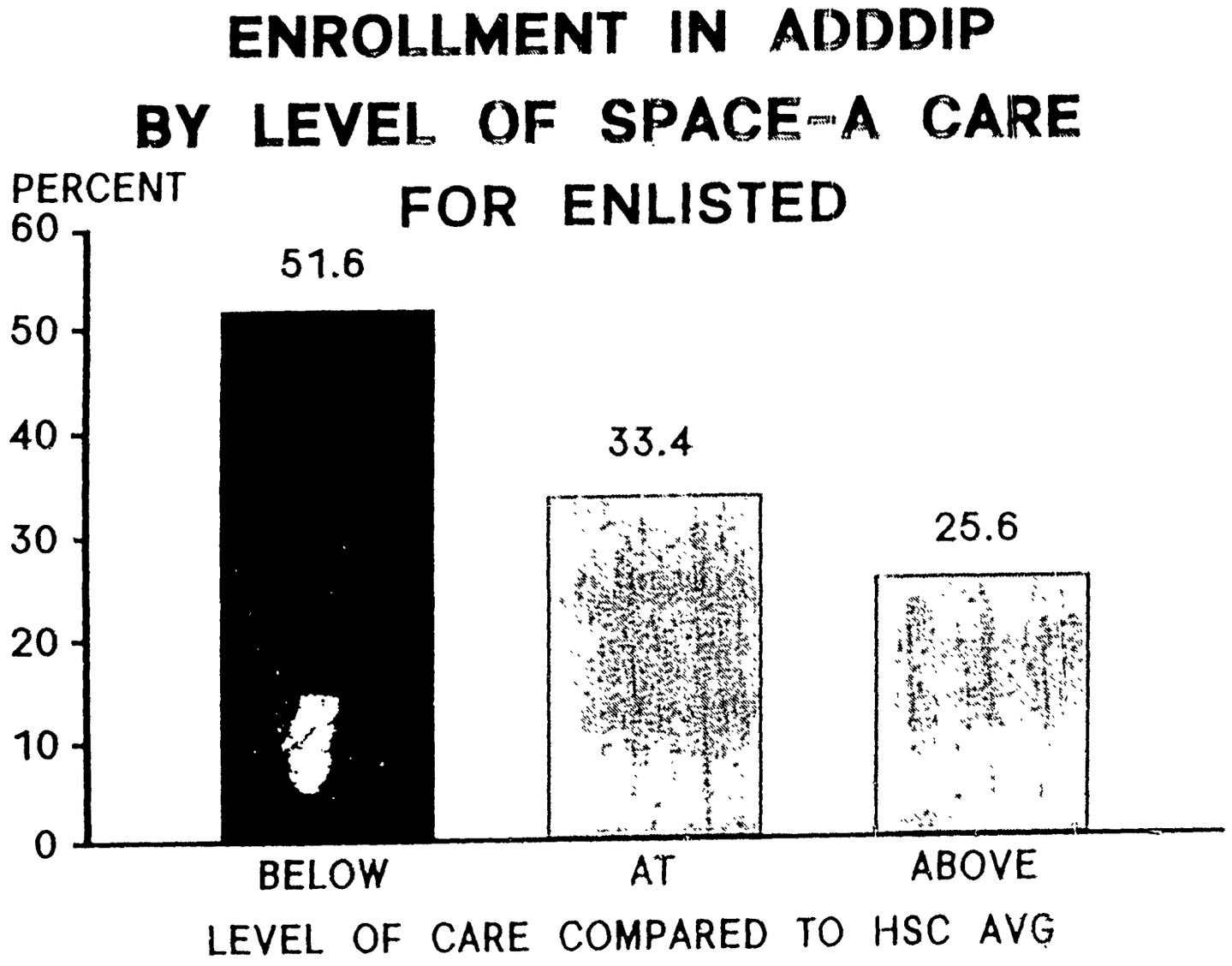

ENROLLMENT IN ADDDIP
BY LEVEL OF SPACE-A CARE
FOR ENLISTED
PERCENT
60
50
40
30
20
10
0
51.6
33.4
25.6
BELOW
AT
ABOVE
LEVEL OF CARE COMPARED TO HSC AVG

Figure 24

# ENROLLMENT IN OTHER CIVILIAN DIP BY RANK GROUP

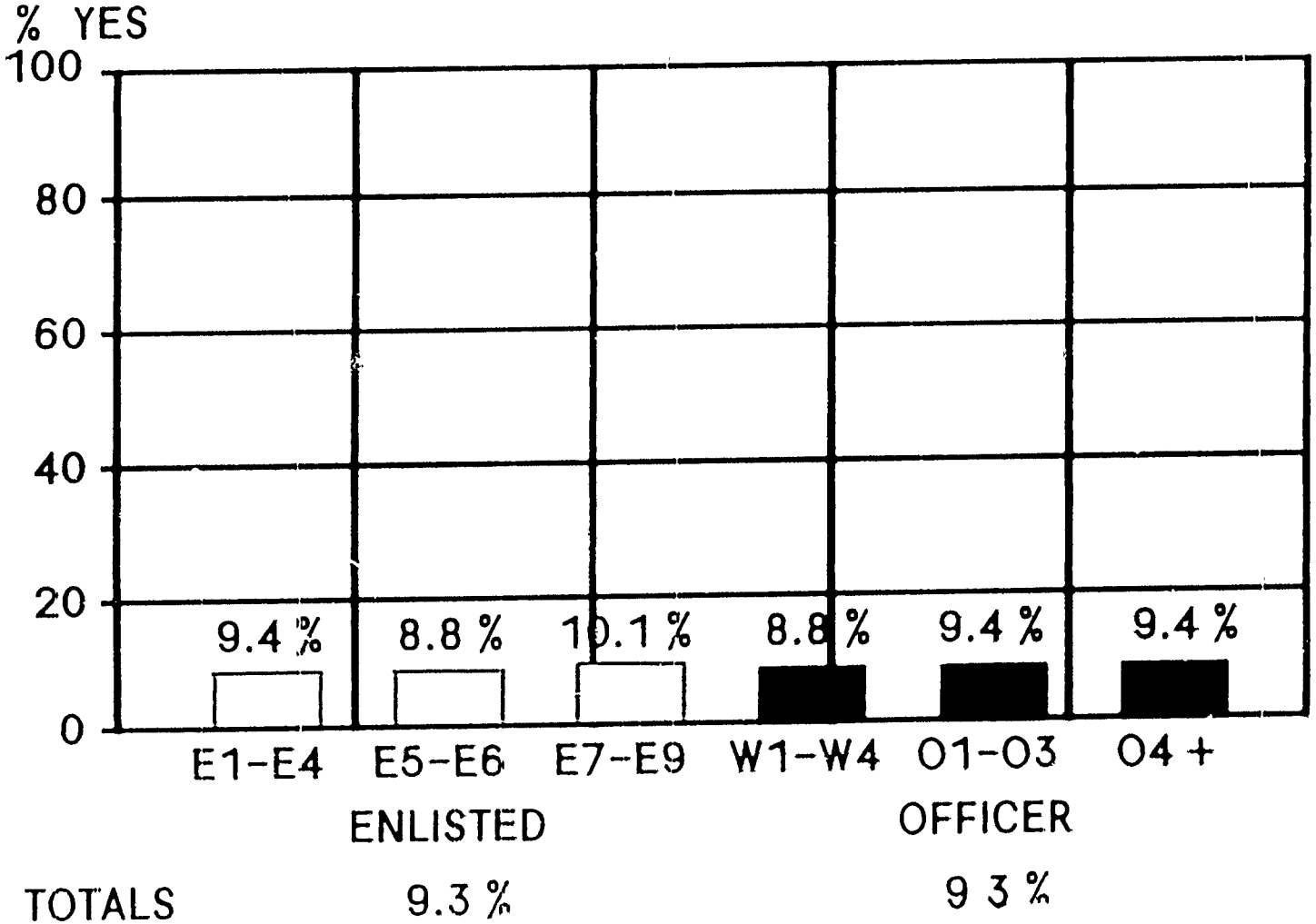



Figure 25

# MOST IMPORTANT REASON FOR ENROLLED IN ADDDIP, CODE LIST

| CODE: | REASON: |
|---|---|
| A | QUEUES |
| B | PREFER CIVILIAN DDS |
| C | LIMITED FAMILY SERVICE |
| D | CONVENIENT LOCATION |
| E | FELT HAD NO CHOICE |
| F | OTHER |



Figure 26

# MOST IMPORTANT REASON ENROLLED IN ADDDIP, ALL OFFICERS

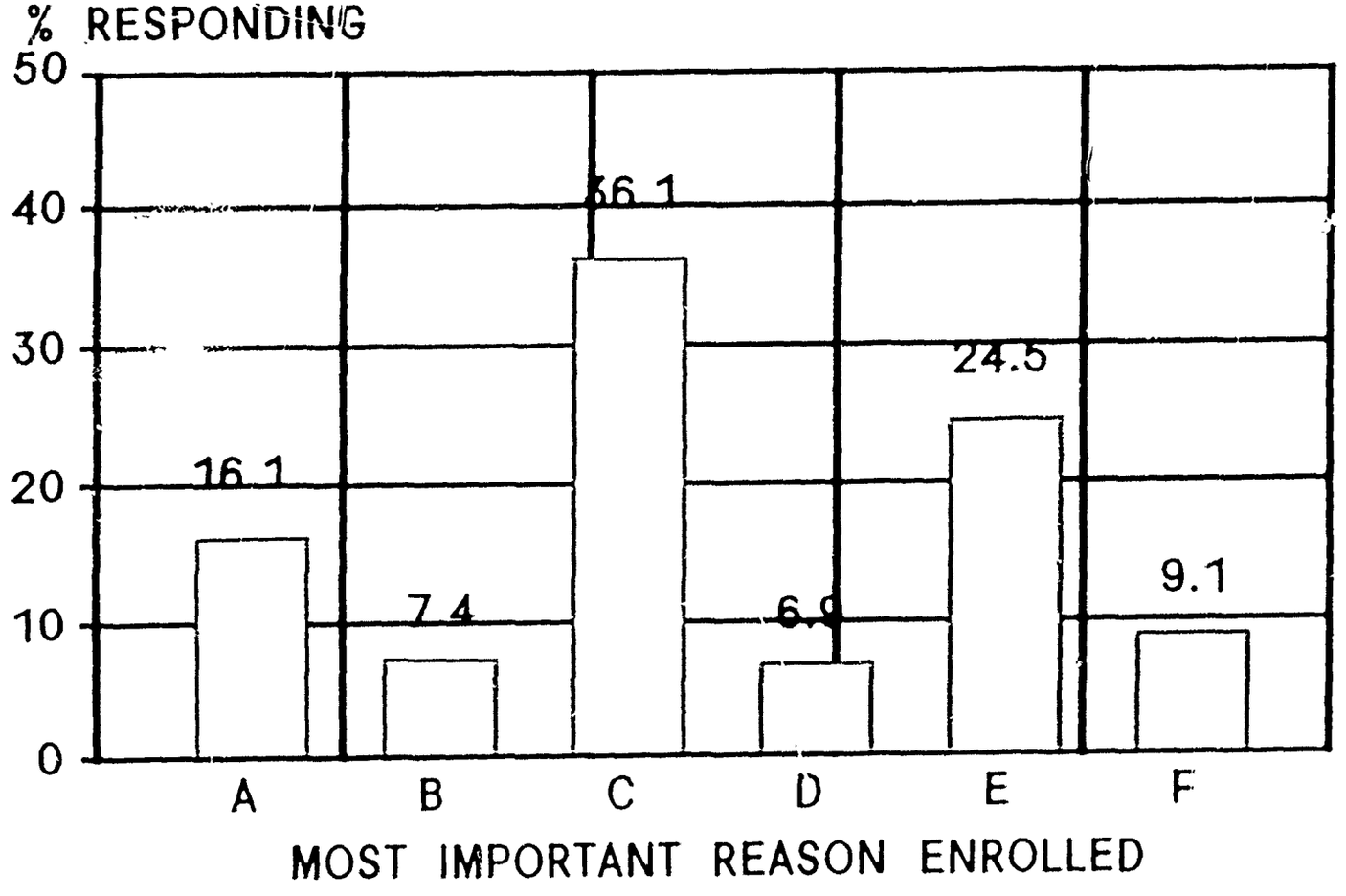



Figure 27

# MOST IMPORTANT REASON ENROLLED IN ADDIP, W1 - W4

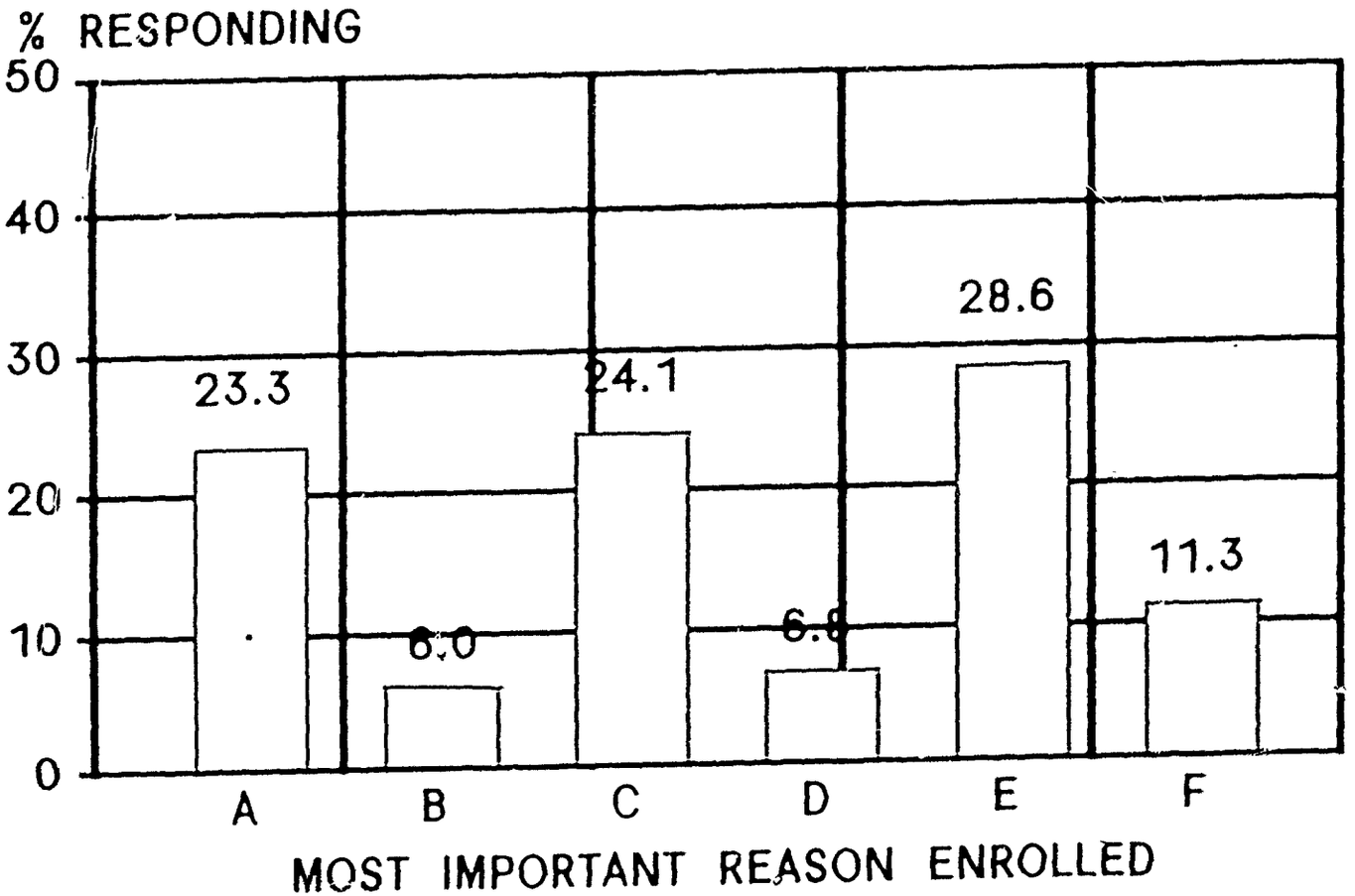



Figure 28

# MOST IMPORTANT REASON ENROLLED IN ADDDIP, 01 - 03

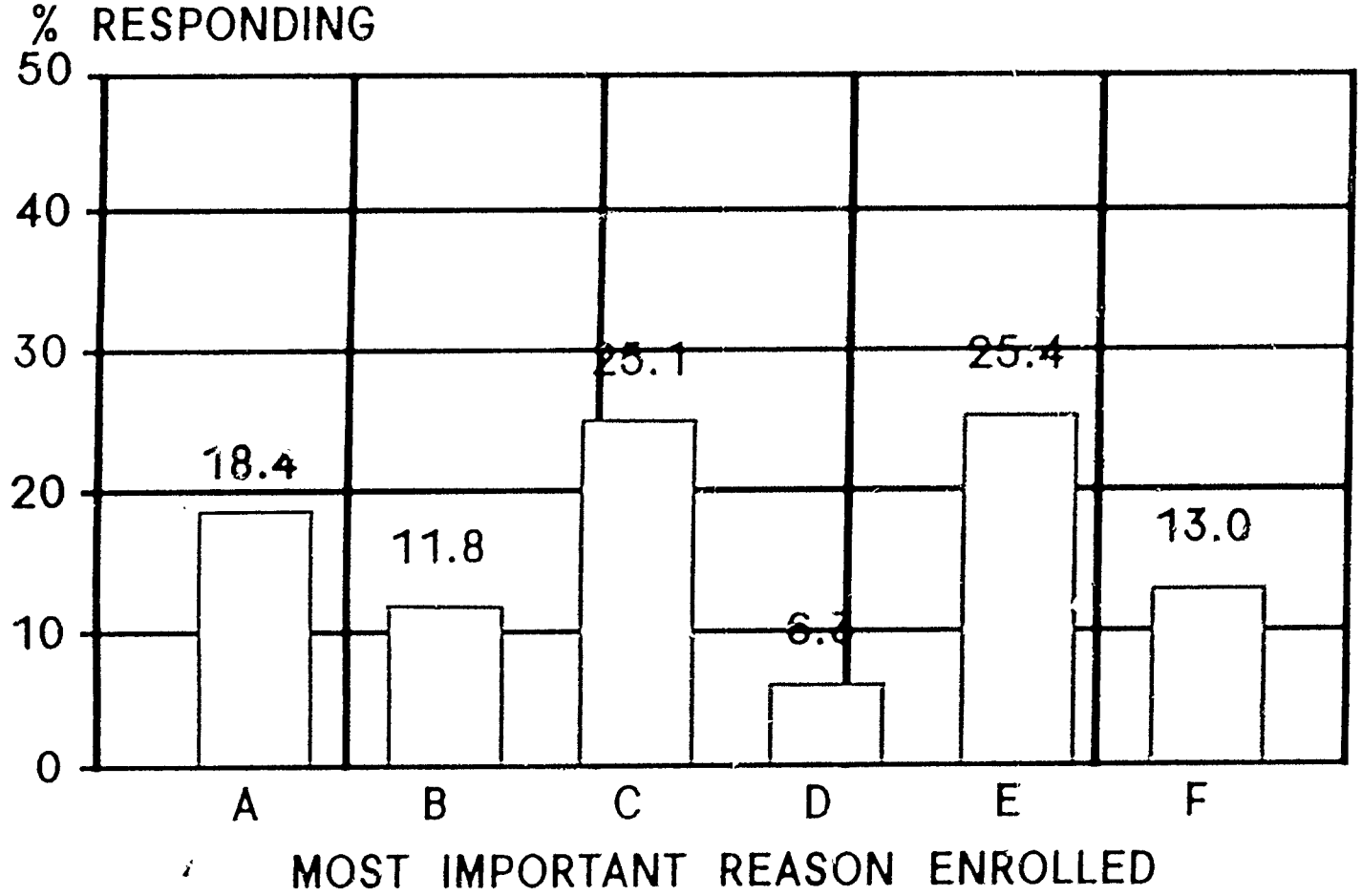



Figure 29

# MOST IMPORTANT REASON ENROLLED IN ADDDIP, 04 -1-

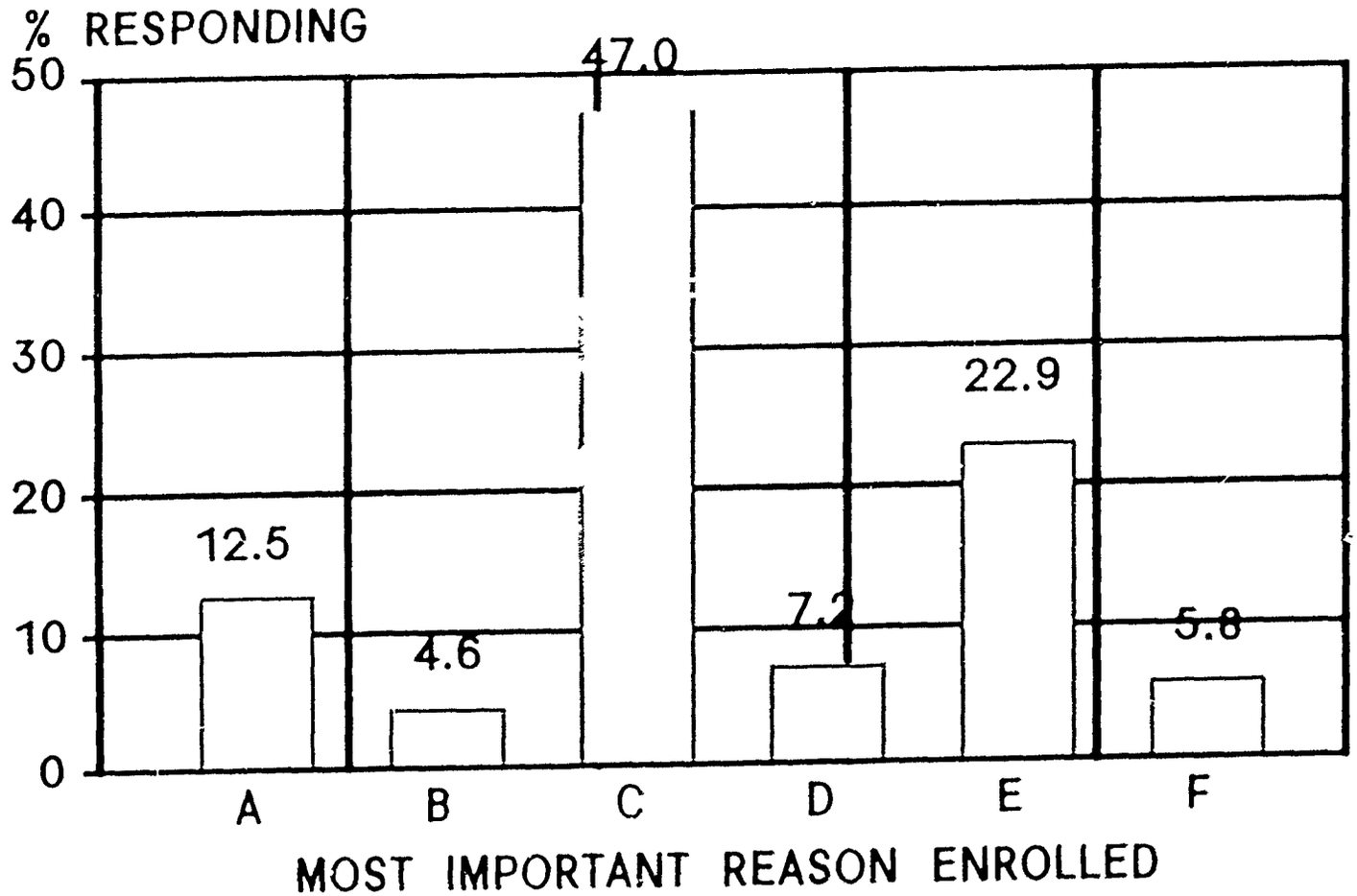



Figure 30

# REASON ENROLLED IN ADDDIP AT BELOW HSC AVG SPACE-A POSTS FOR OFFICERS

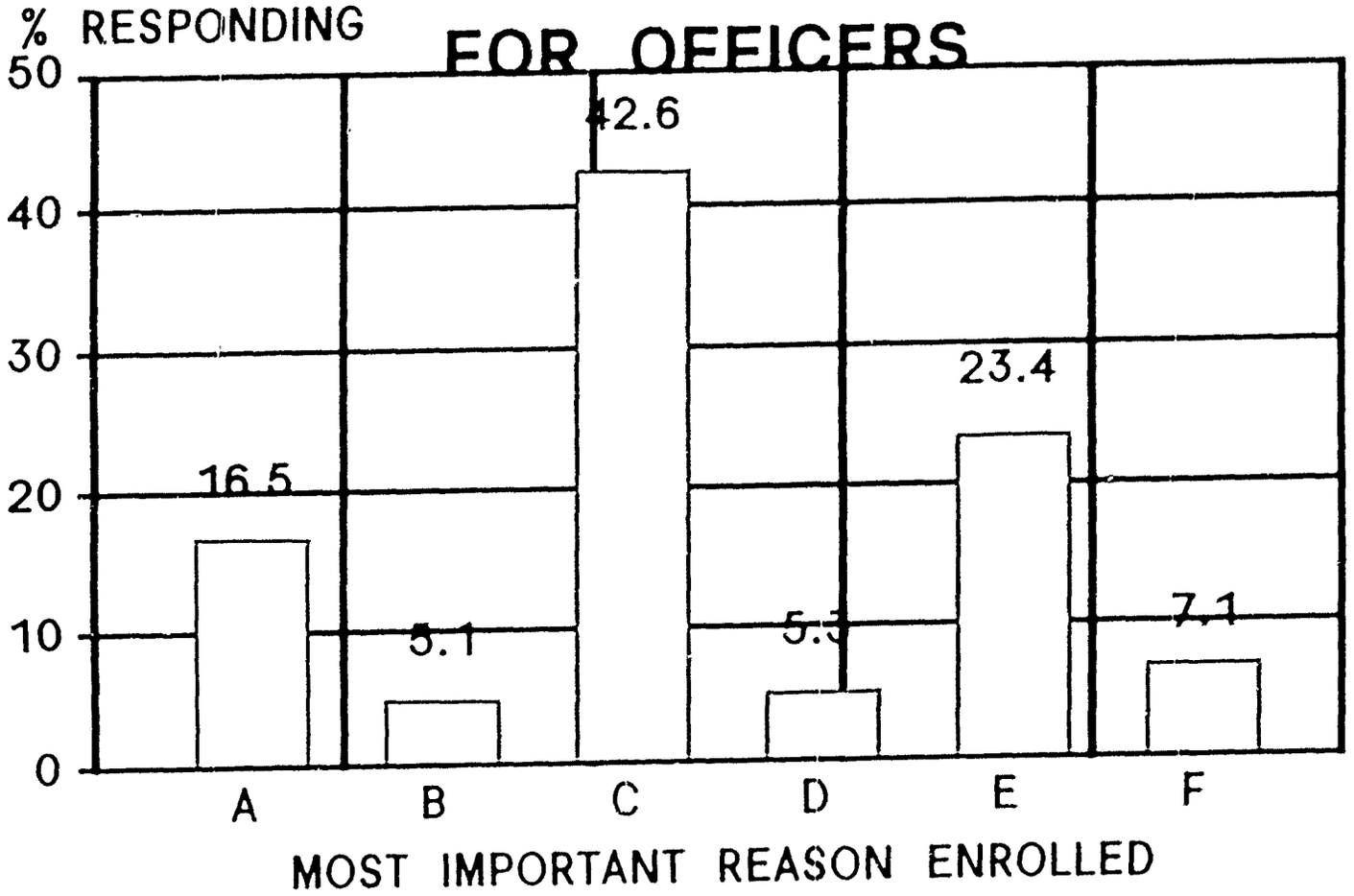



Figure 31

# REASON ENROLLED IN ADDDIP AT ABOVE HSC AVG SPACE-A POSTS FOR OFFICERS

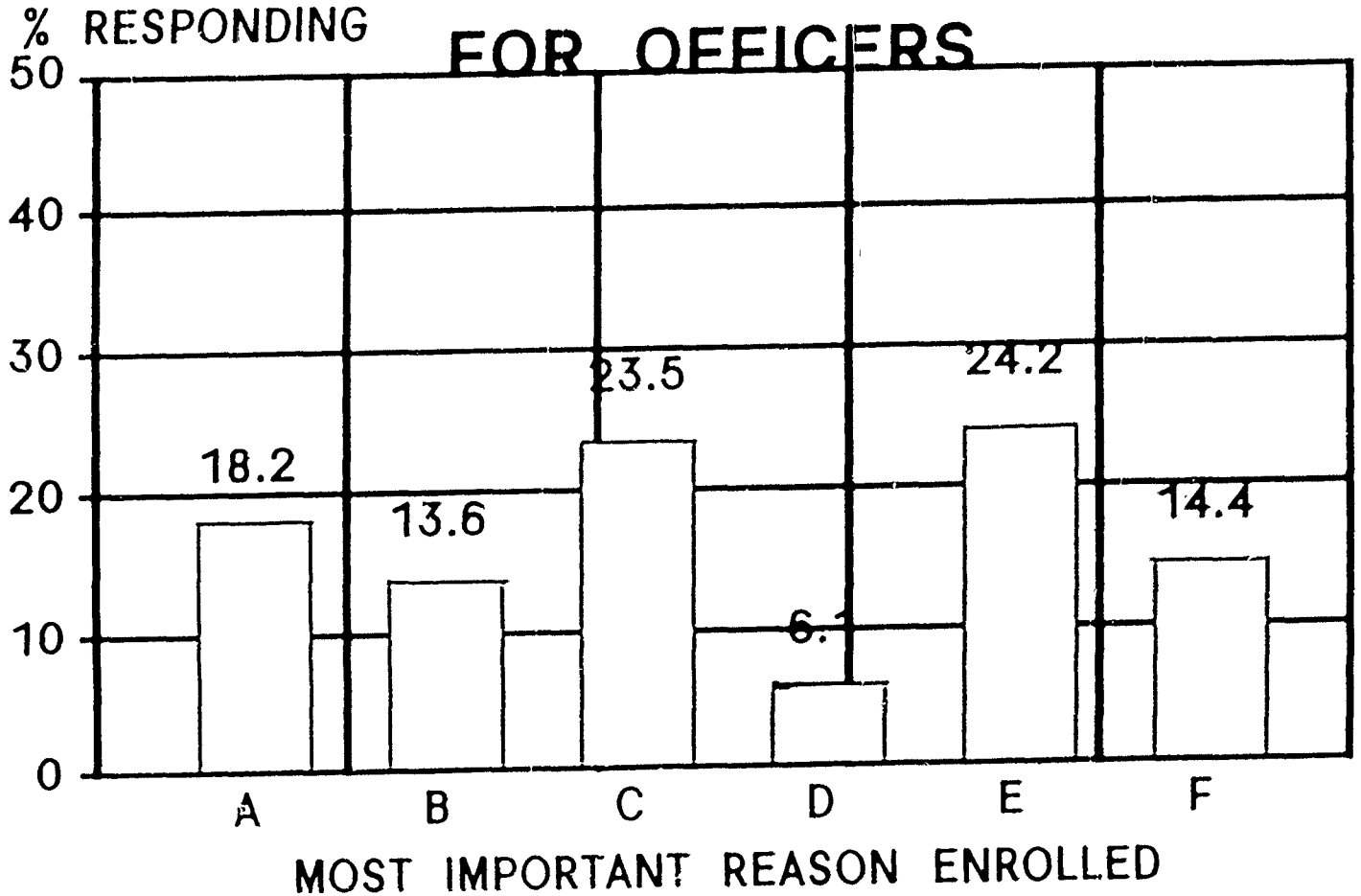



Figure 33

# REASON ENROLLED IN ADDDIP AT HSC AVG SPACE-A POSTS FOR OFFICERS

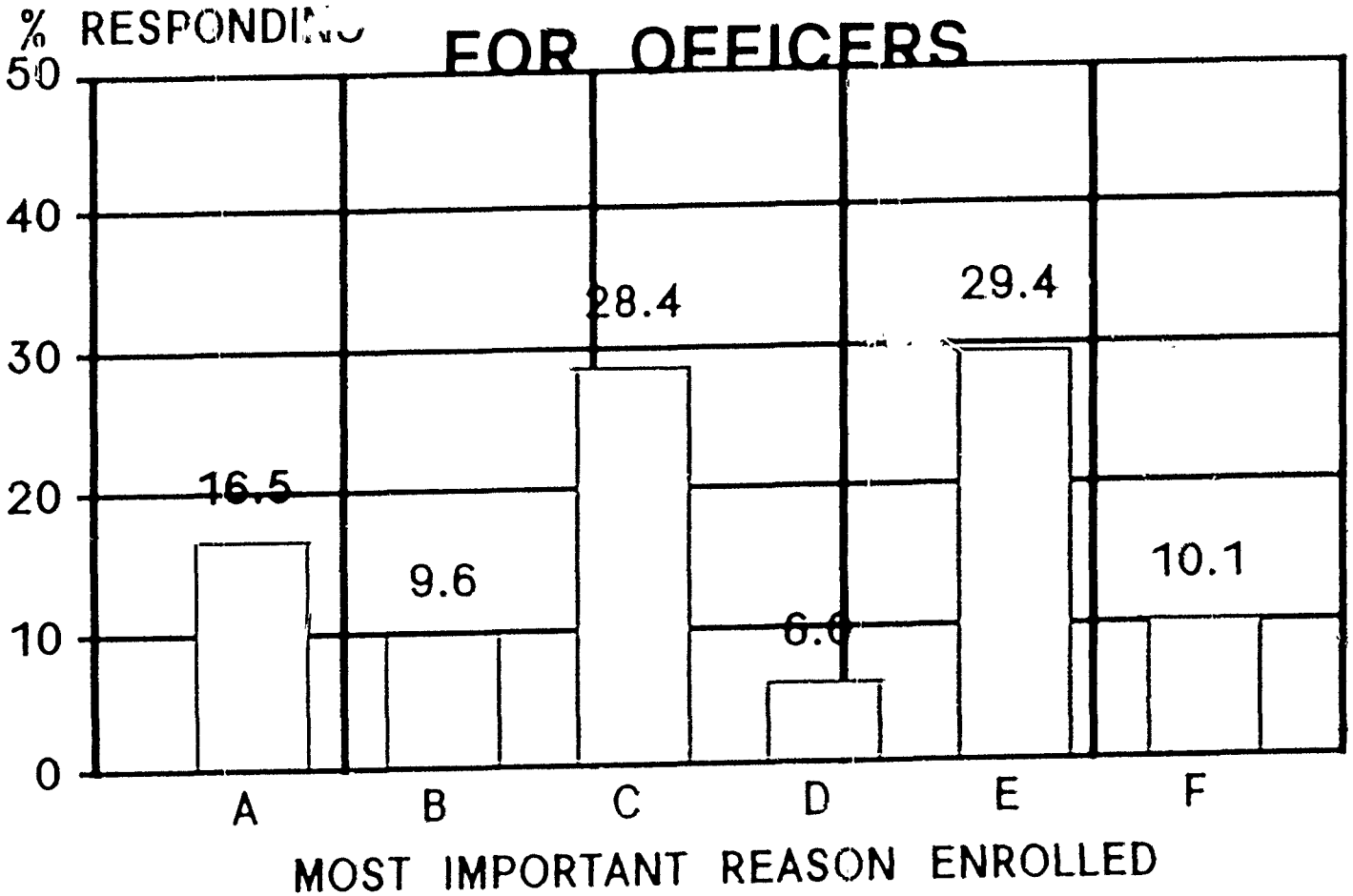



Figure 32

# MOST IMPORTANT REASON ENROLLED IN ADDDIP, ALL ENLISTED

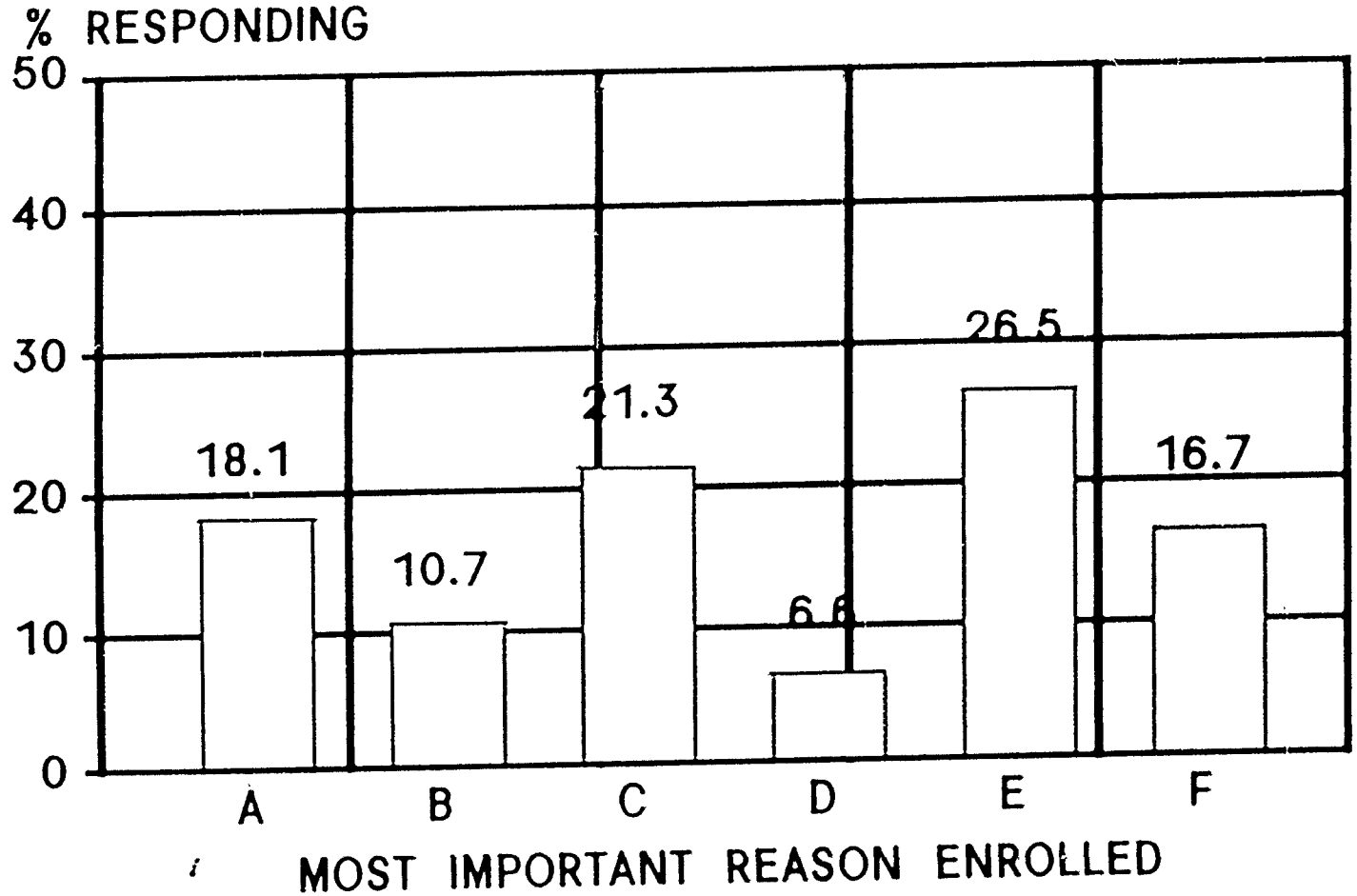



Figure 34

# MOST IMPORTANT REASON ENROLLED IN ADDIP, E1 - E4

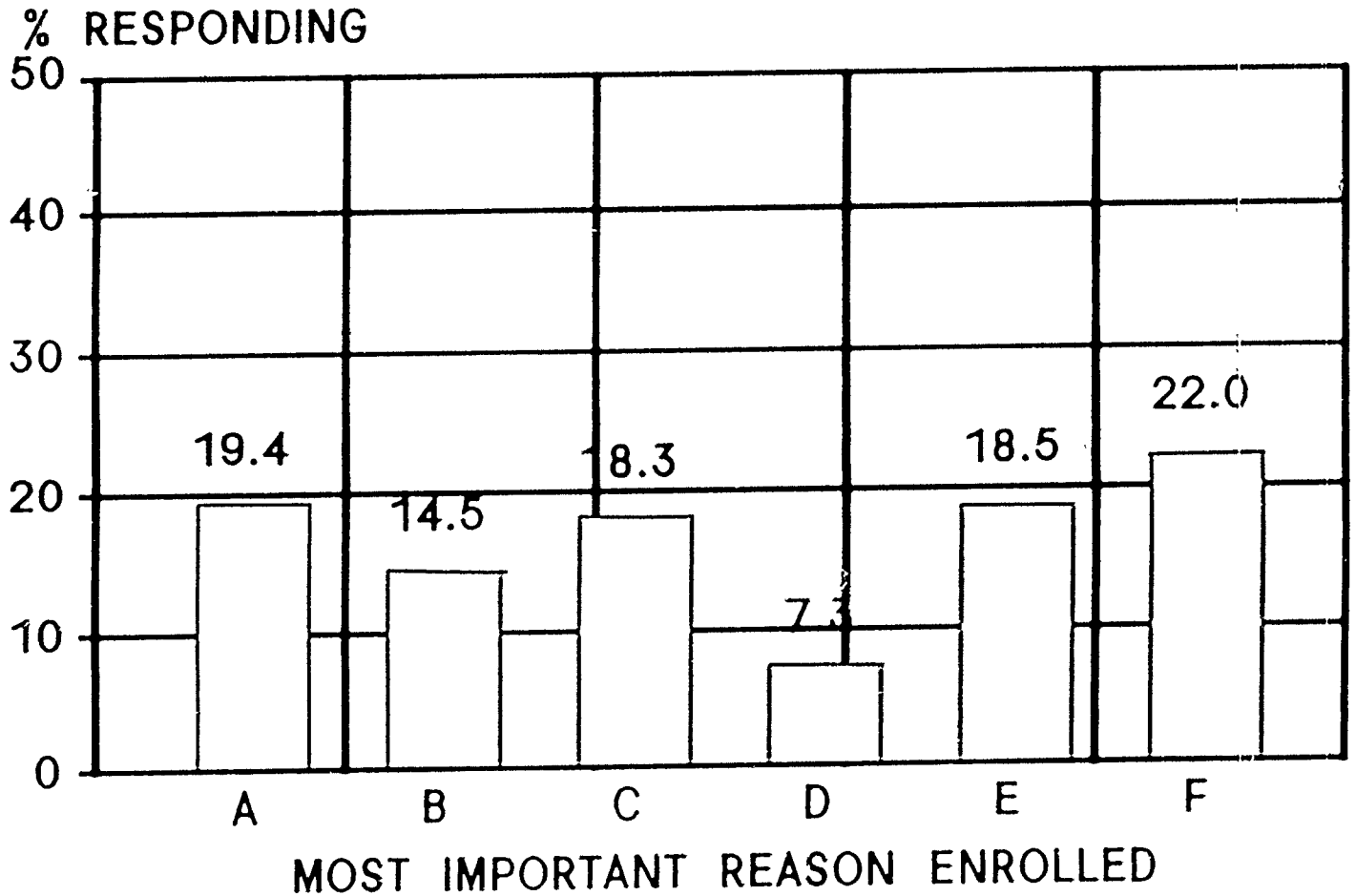



Figure 35

# MOST IMPORTANT REASON ENROLLED IN ADDDIP, E5 - E6

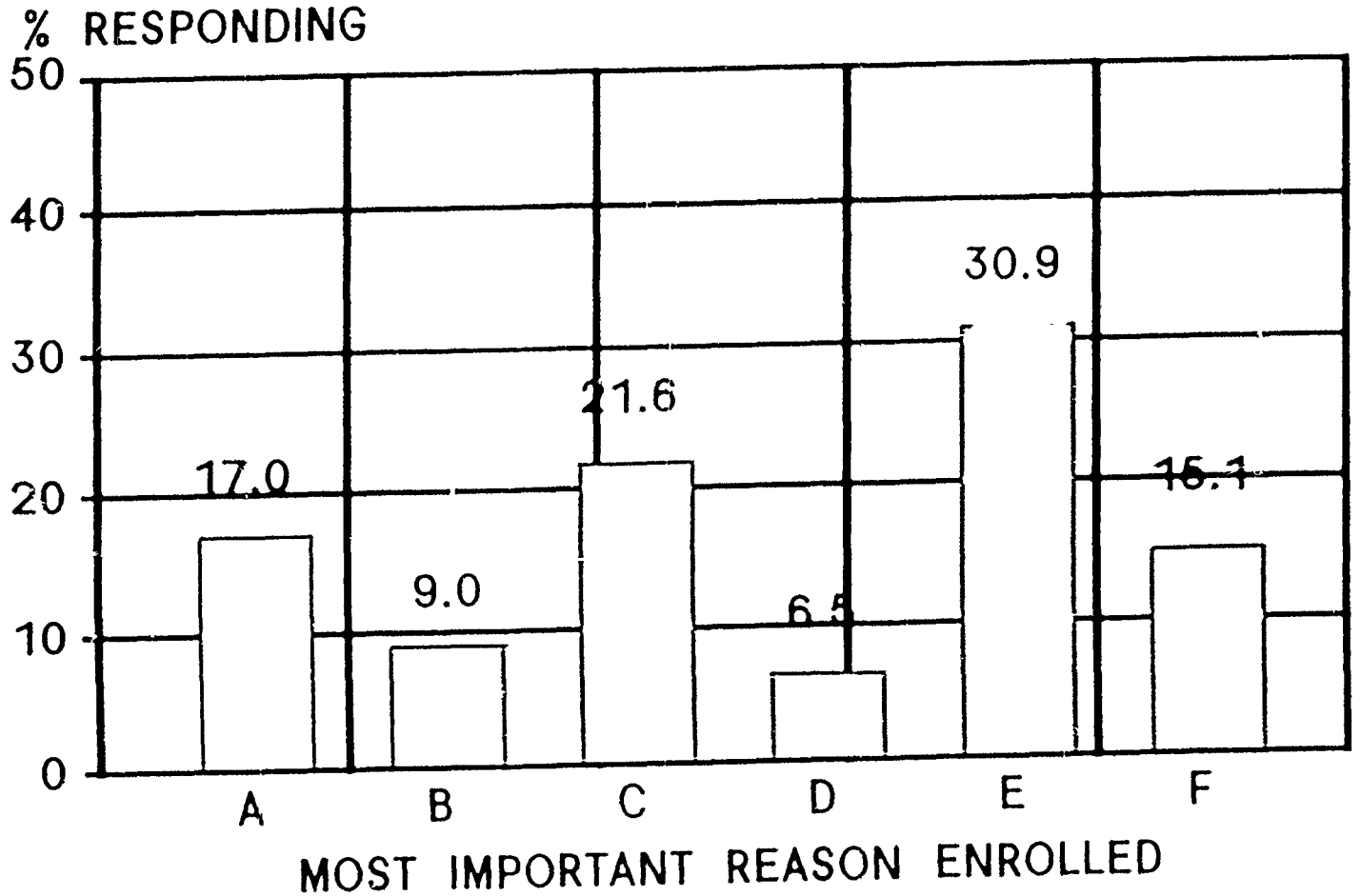



Figure 36

# MOST IMPORTANT REASON ENROLLED IN ADDDIP, E7 - E9

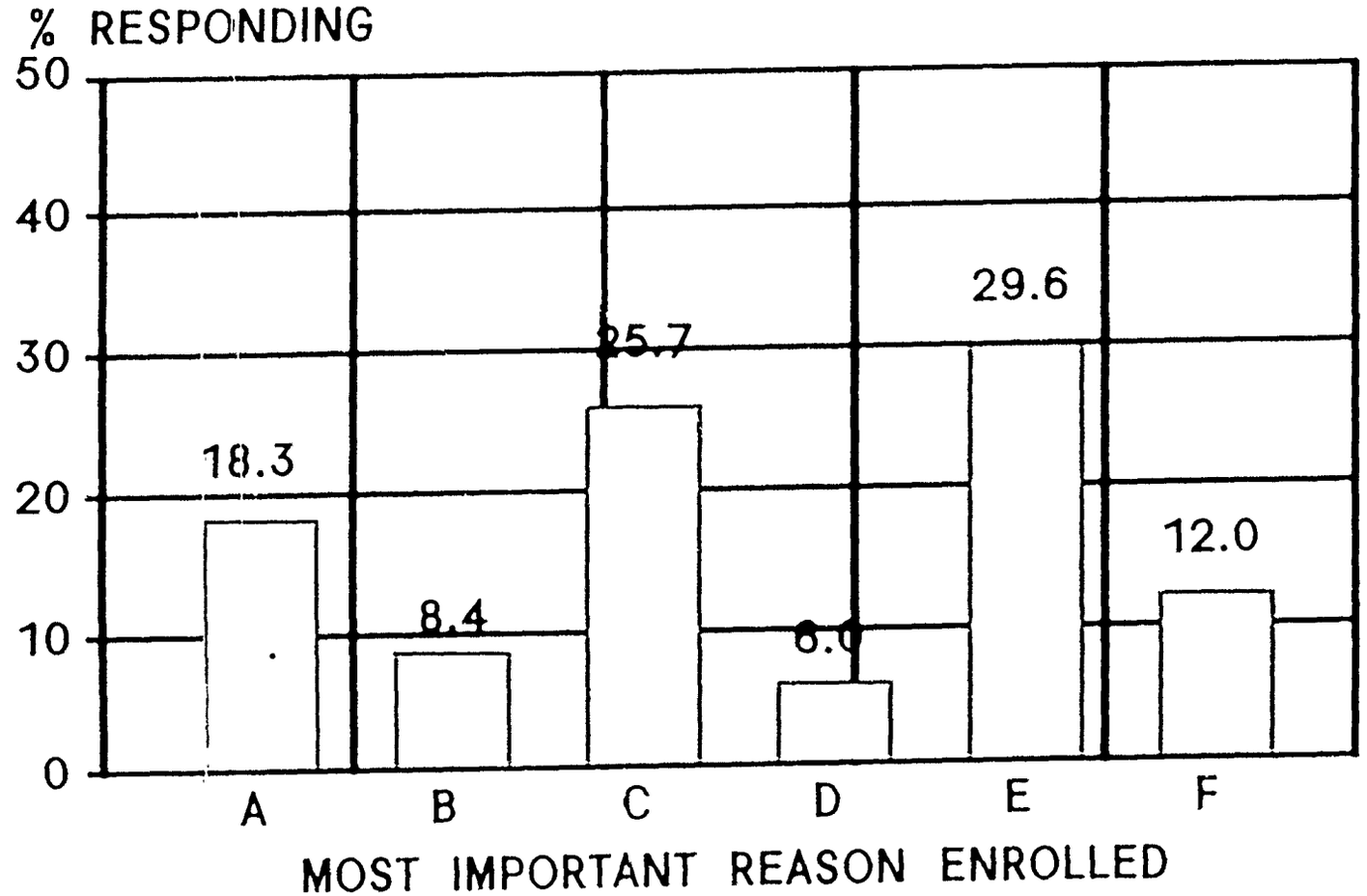



Figure 37

# REASON ENROLLED IN ADDDIP AT BELOW HSC AVG SPACE-A POSTS FOR ENLISTED

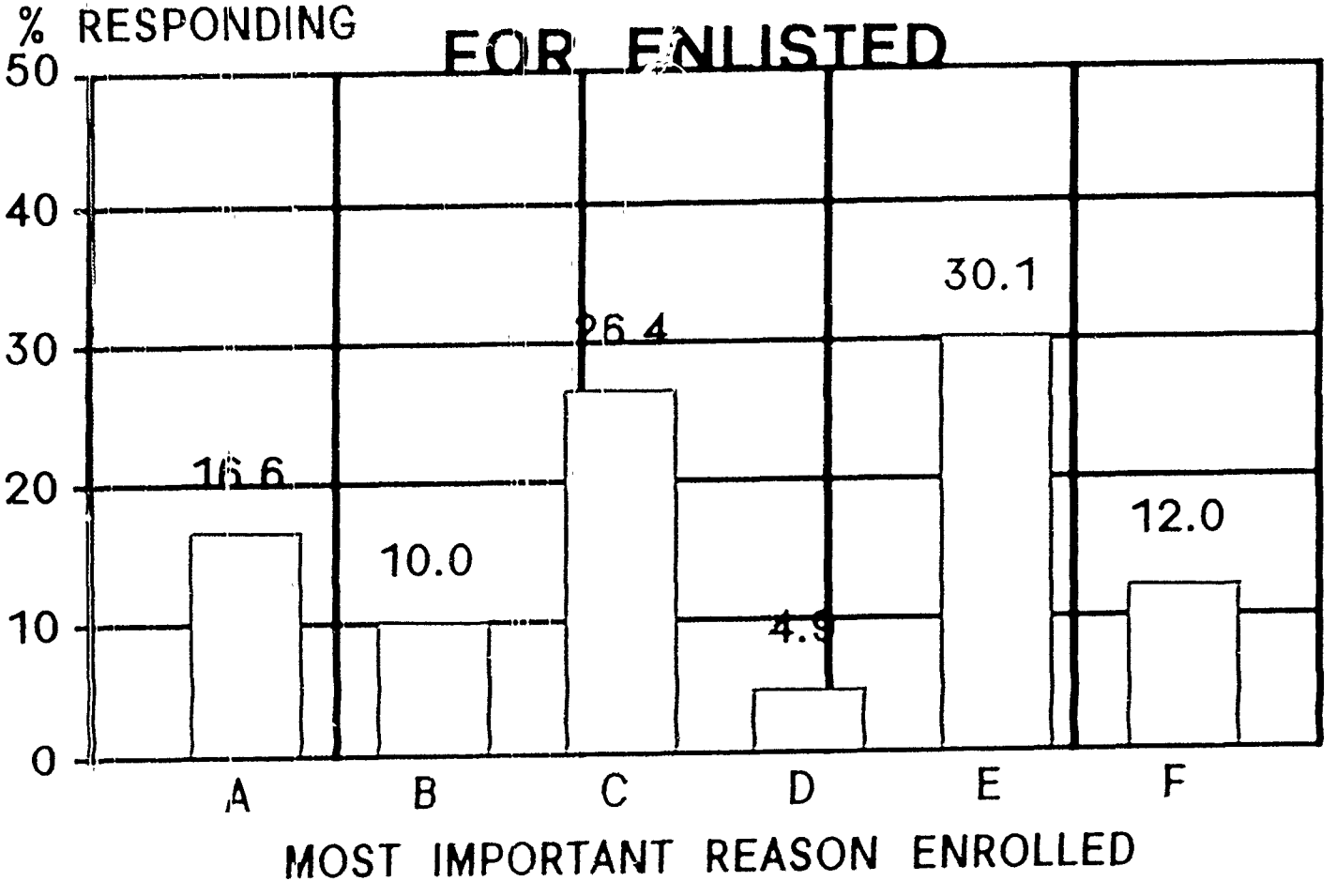



Figure 38

# REASON ENROLLED IN ADDDIP AT HSC AVG SPACE-A POSTS FOR ENLISTED

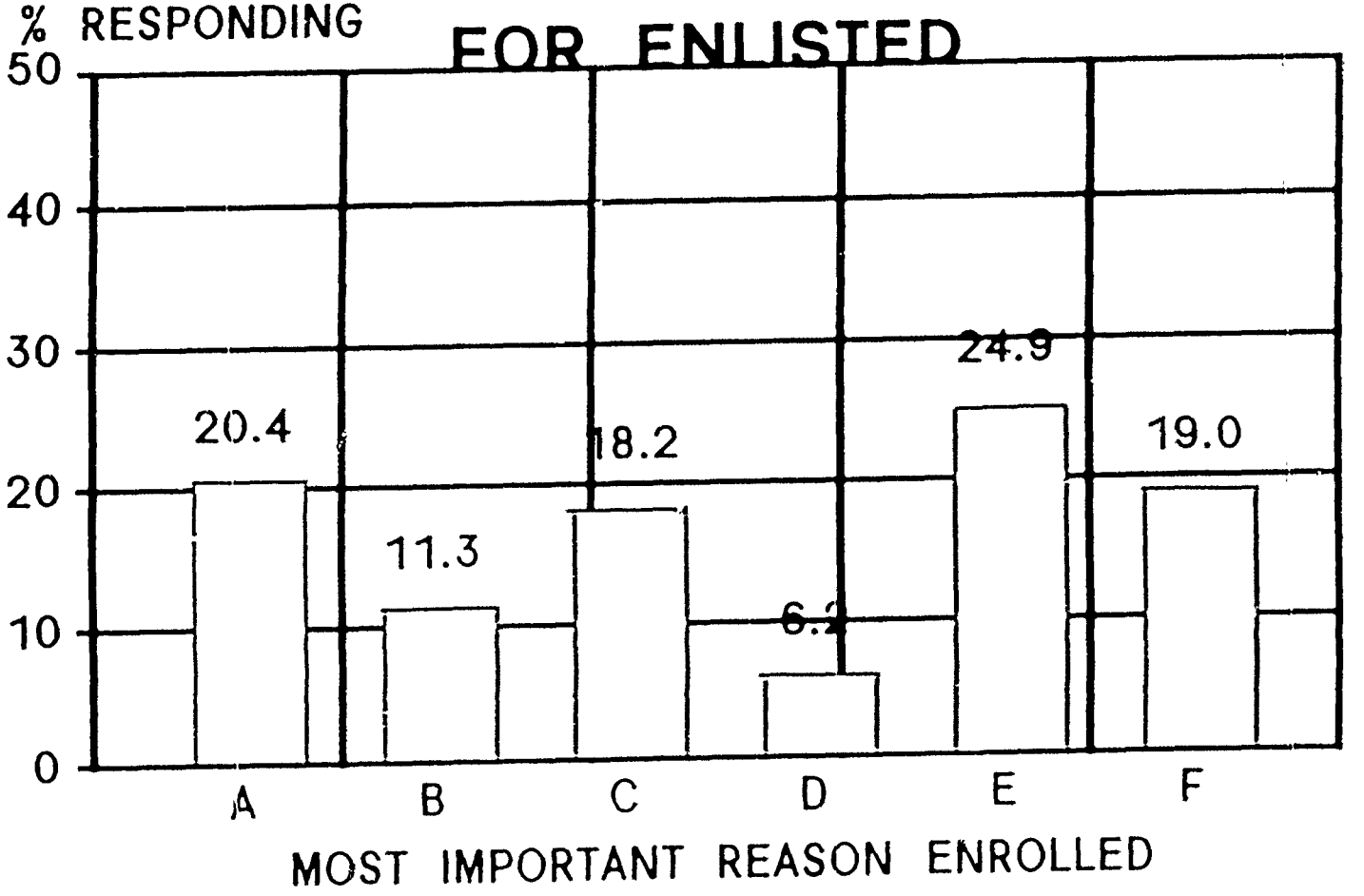



Figure 39

# REASON ENROLLED IN ADDDIP AT ABOVE HSC AVG SPACE A POSTS FOR ENLISTED

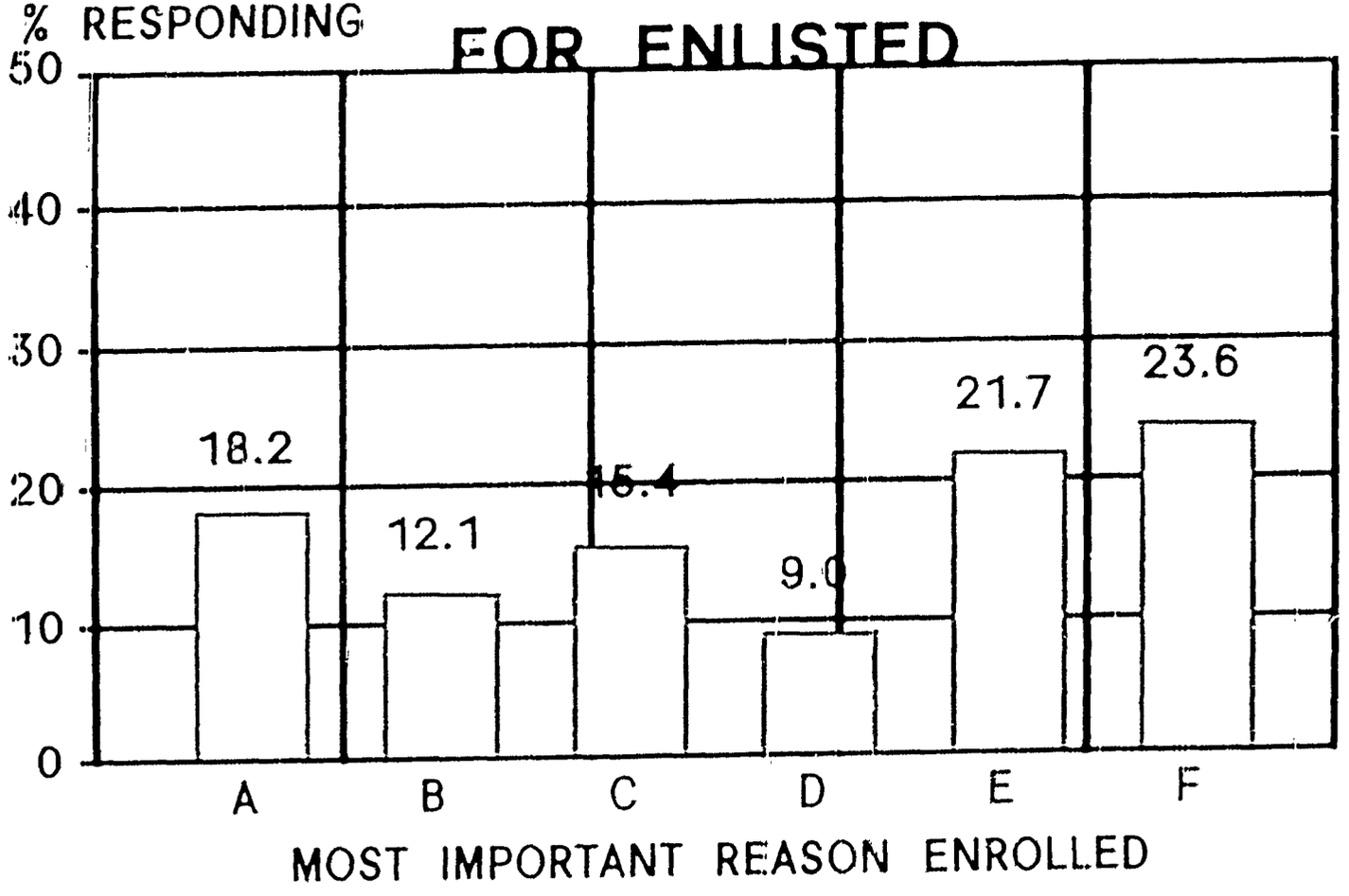



Figure 40

# MOST IMPORTANT REASON NOT ENROLLED

## IN ADDDIP, CODE LIST

| CODE: | REASON: |
|---|---|
| A | MONTHLY FEE TOO HIGH |
| B | MILITARY CARE EASY |
| C | 20 % CO-PAY TOO HIGH |
| D | LIMITED COVERAGE |
| E | OFF-POST CARE HIGH |
| F | NOT FAMILIAR |
| G | OTHER |



Figure 41

# MOST IMPORTANT REASON NOT ENROLLED IN ADDDIP, ALL OFFICERS

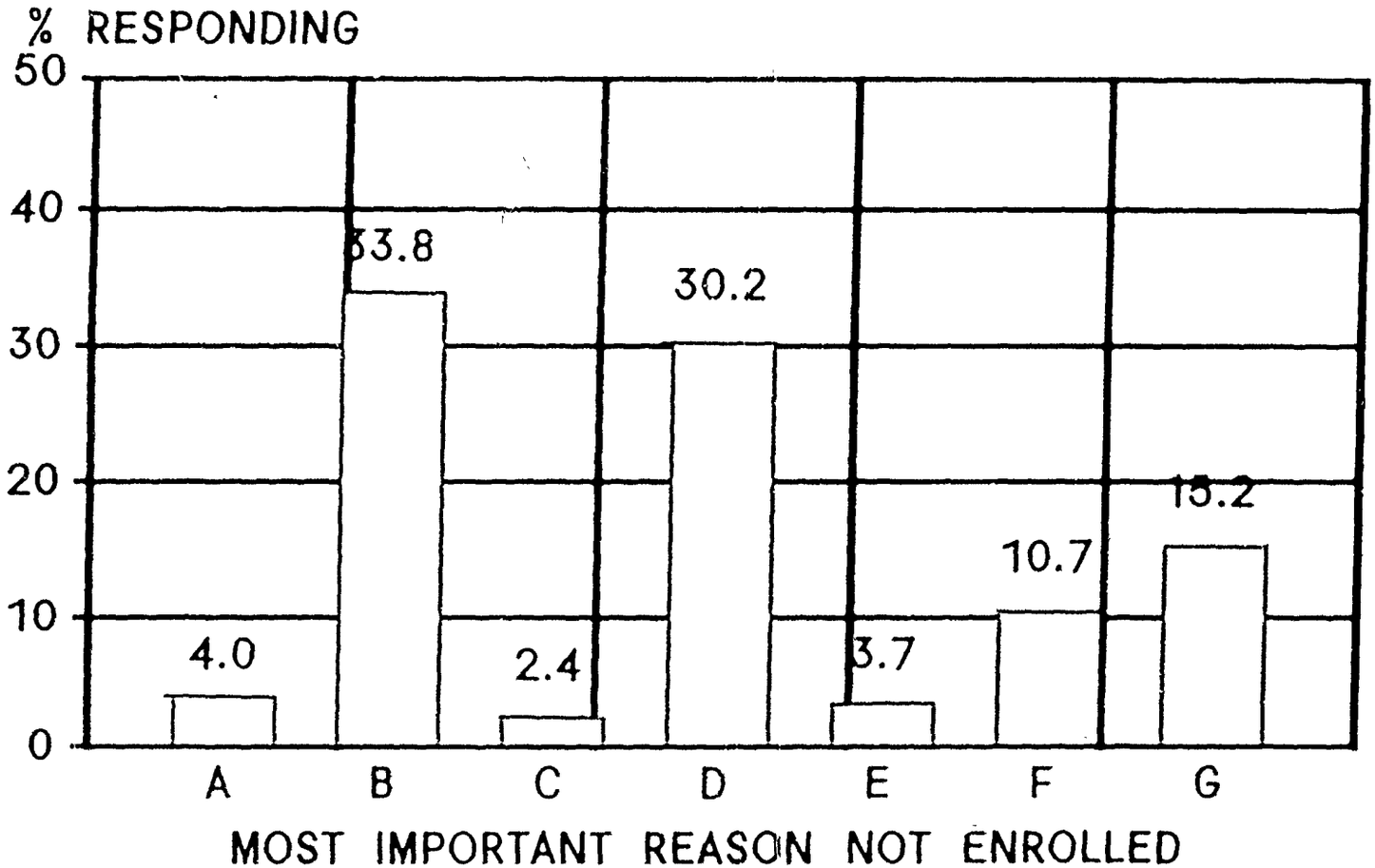



Figure 42

# MOST IMPORTANT REASON NOT ENROLLED IN ADDDIP, W1 - W4

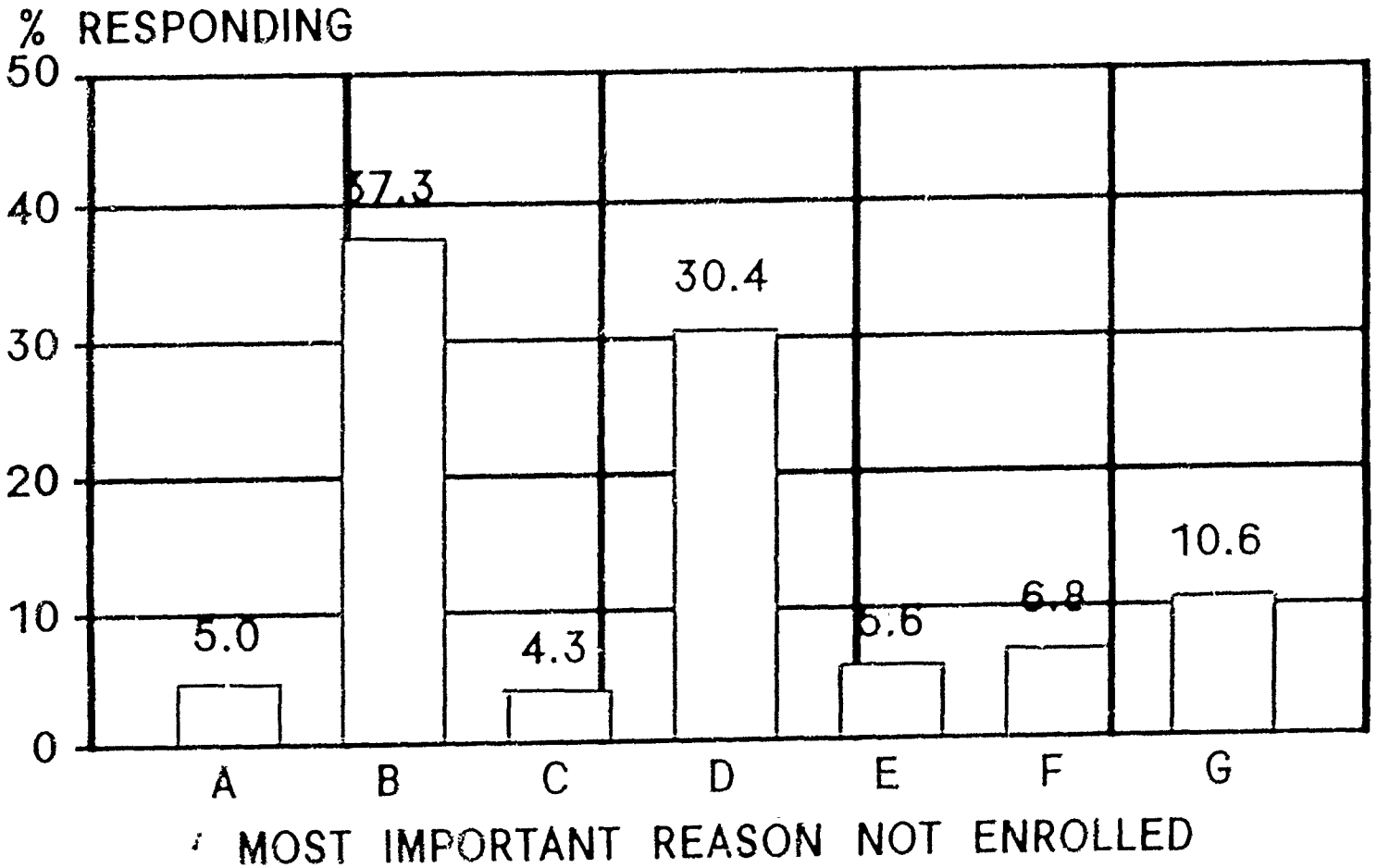



Figure 43

# MOST IMPORTANT REASON NOT ENROLLED IN ADDDIP, 01 - 03

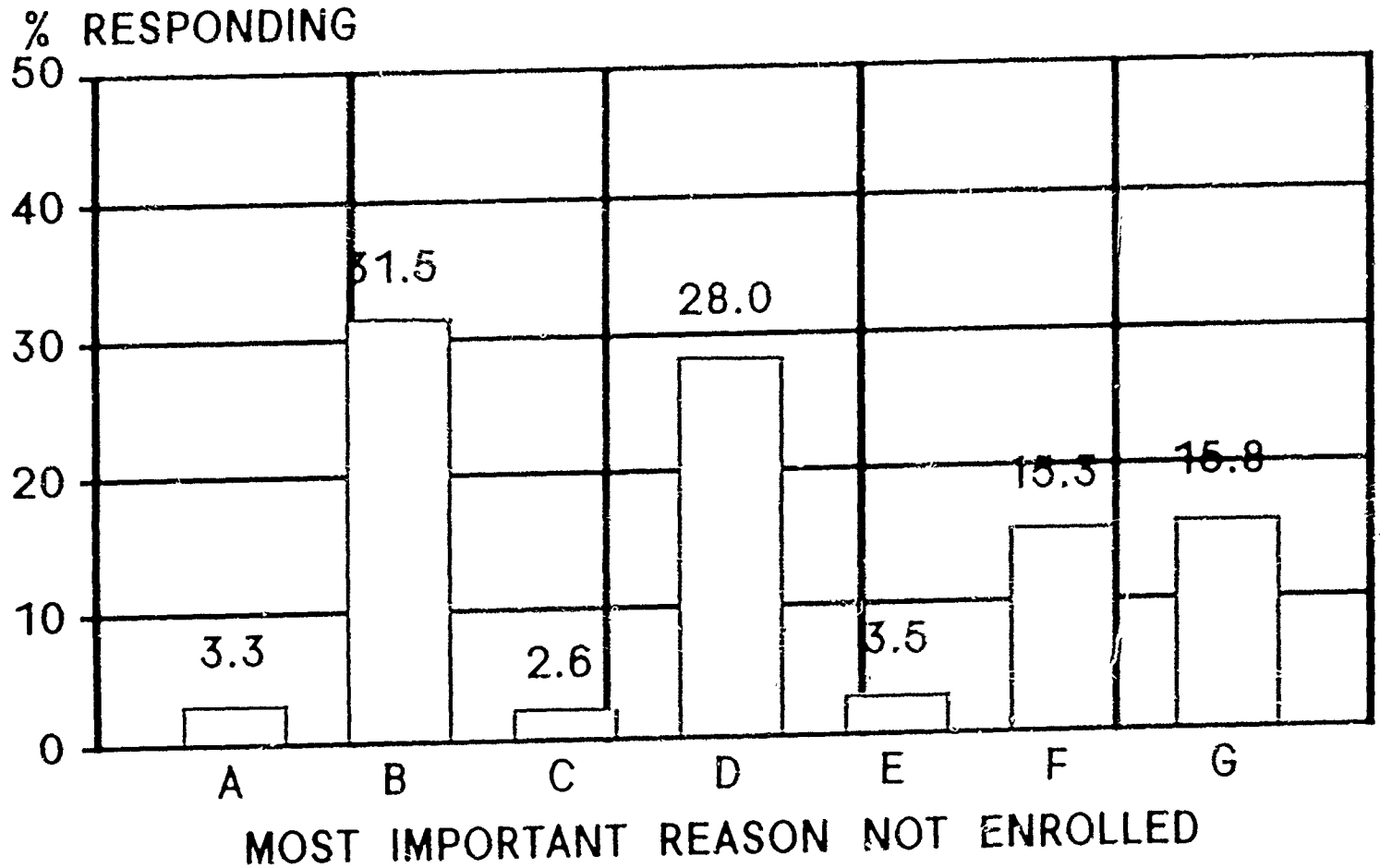



Figure 44

# MOST IMPORTANT REASON NOT ENROLLED IN ADDDIP, 04 ·1·

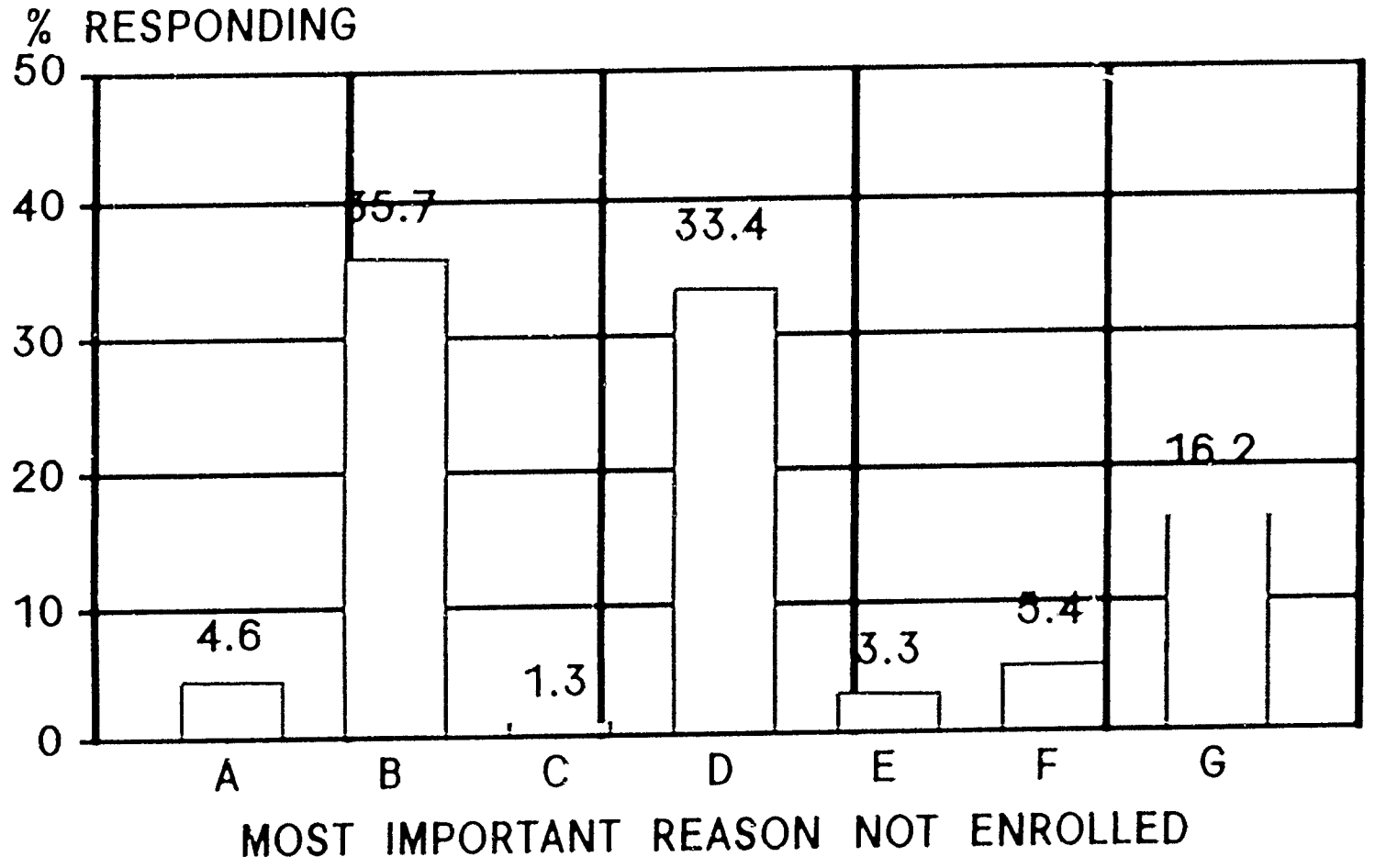



Figure 45

# REASON NOT ENROLLED IN ADDDIP AT BELOW HSC AVG SPACE-A POSTS FOR OFFICERS

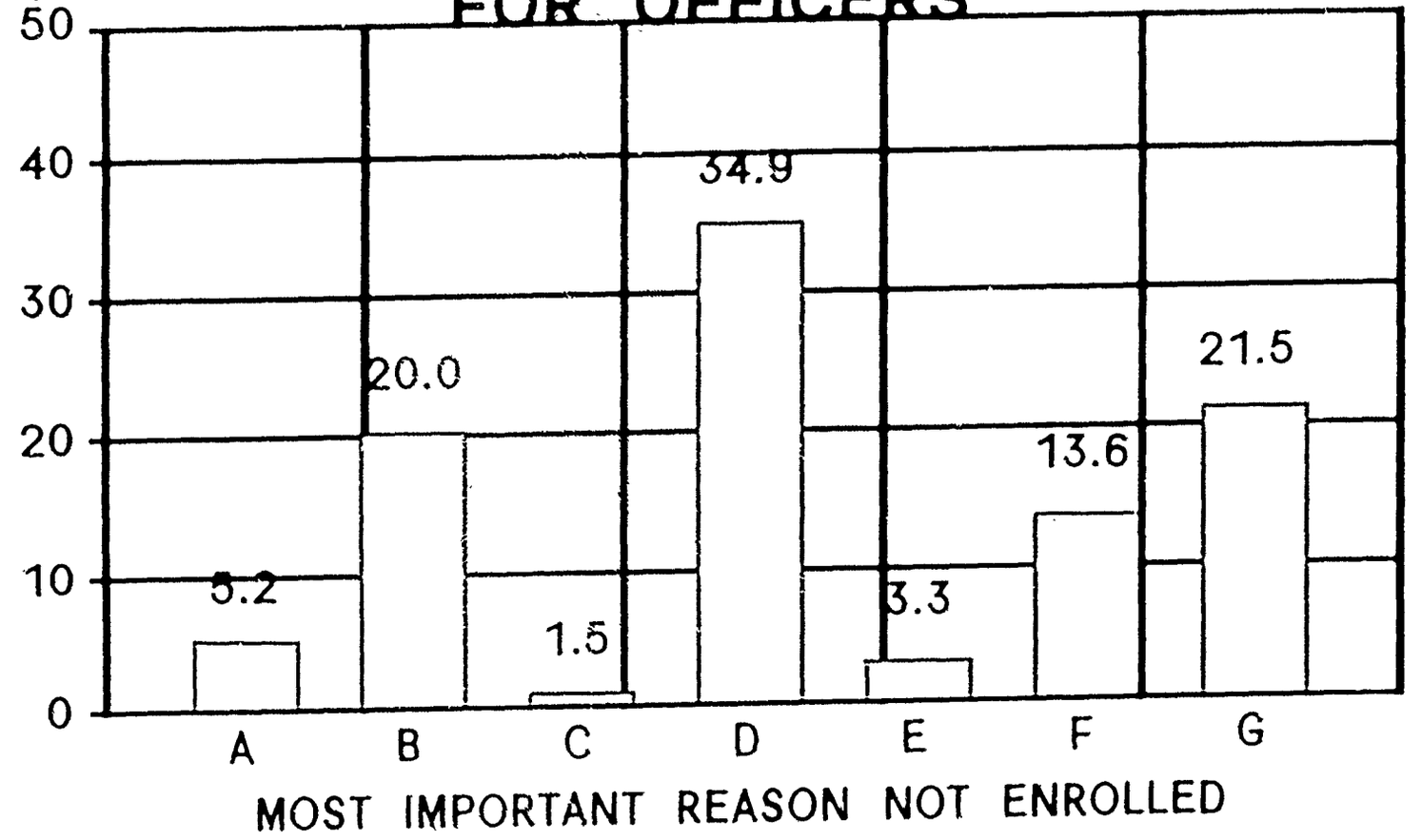



Figure 46

# REASON NOT ENROLLED IN ADDDIP AT HSC AVG SPACE-A POSTS FOR OFFICERS

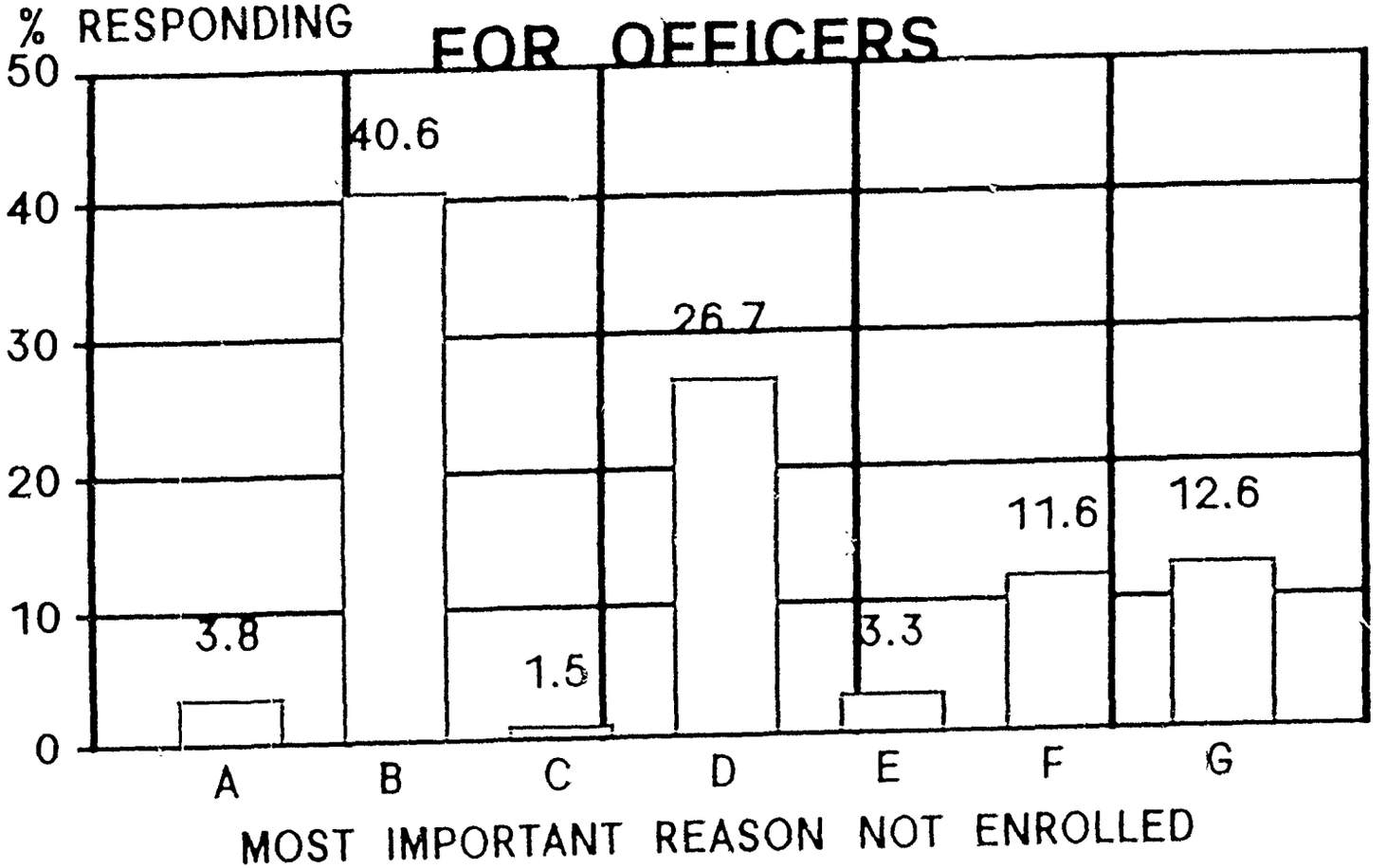



Figure 47

# REASON NOT ENROLLED IN ADDDIP AT ABOVE IISC AVG SPACE-A POSTS FOR OFFICERS

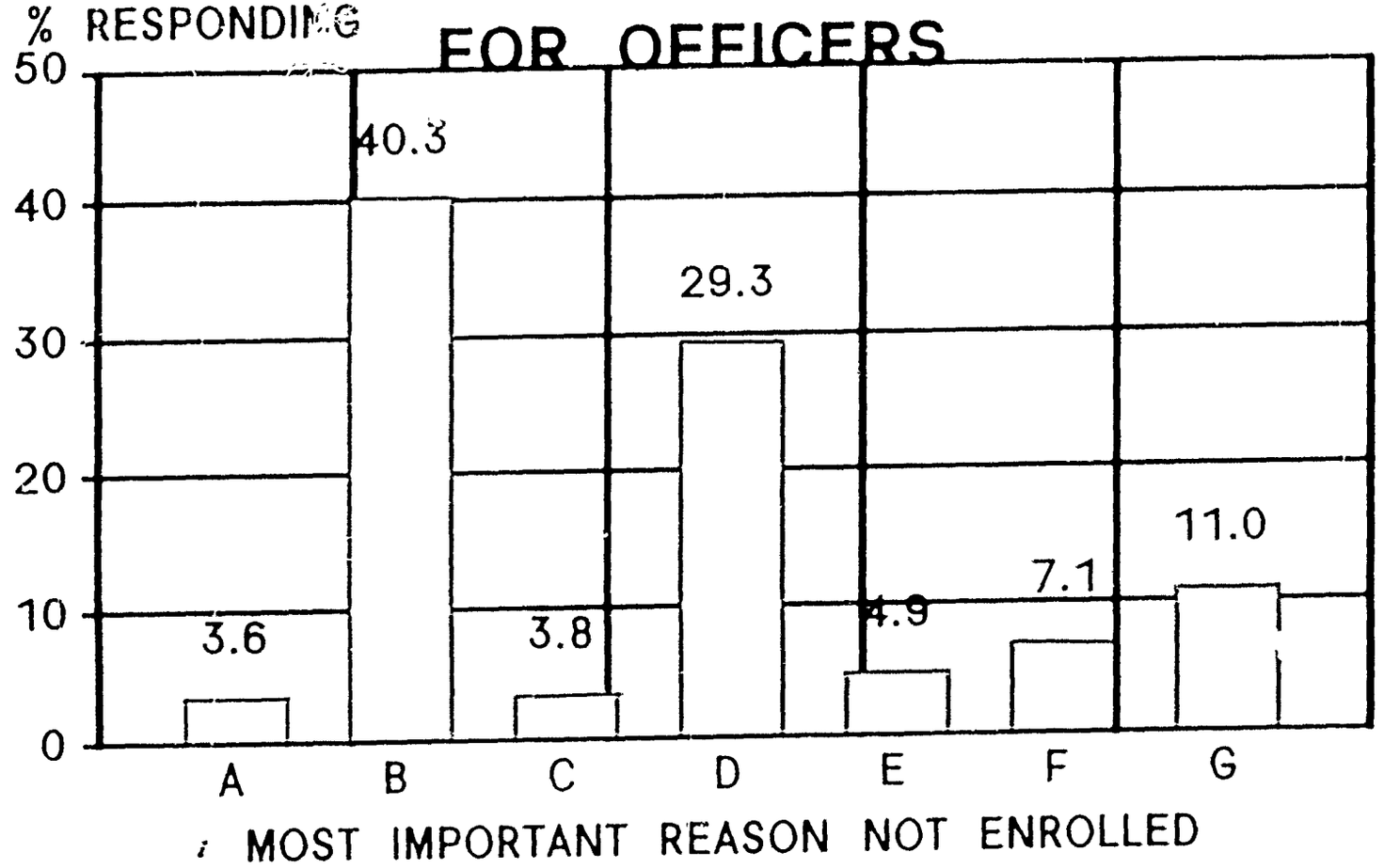



Figure 48

# MOST IMPORTANT REASON NOT ENROLLED IN ADDDIP, ALL ENLISTED

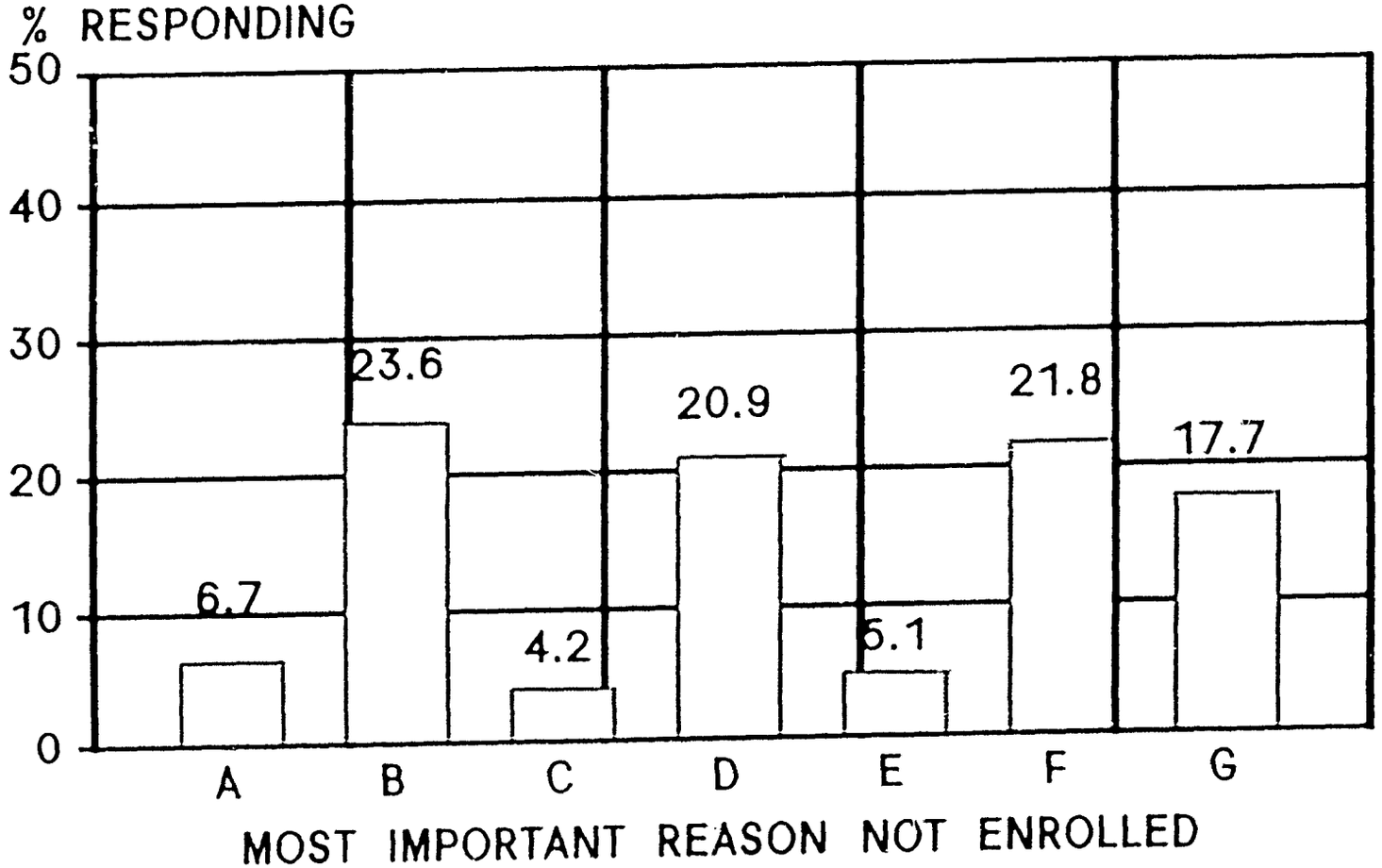



Figure 49

# MOST IMPORTANT REASON NOT ENROLLED IN ADDDIP, E1 - E4

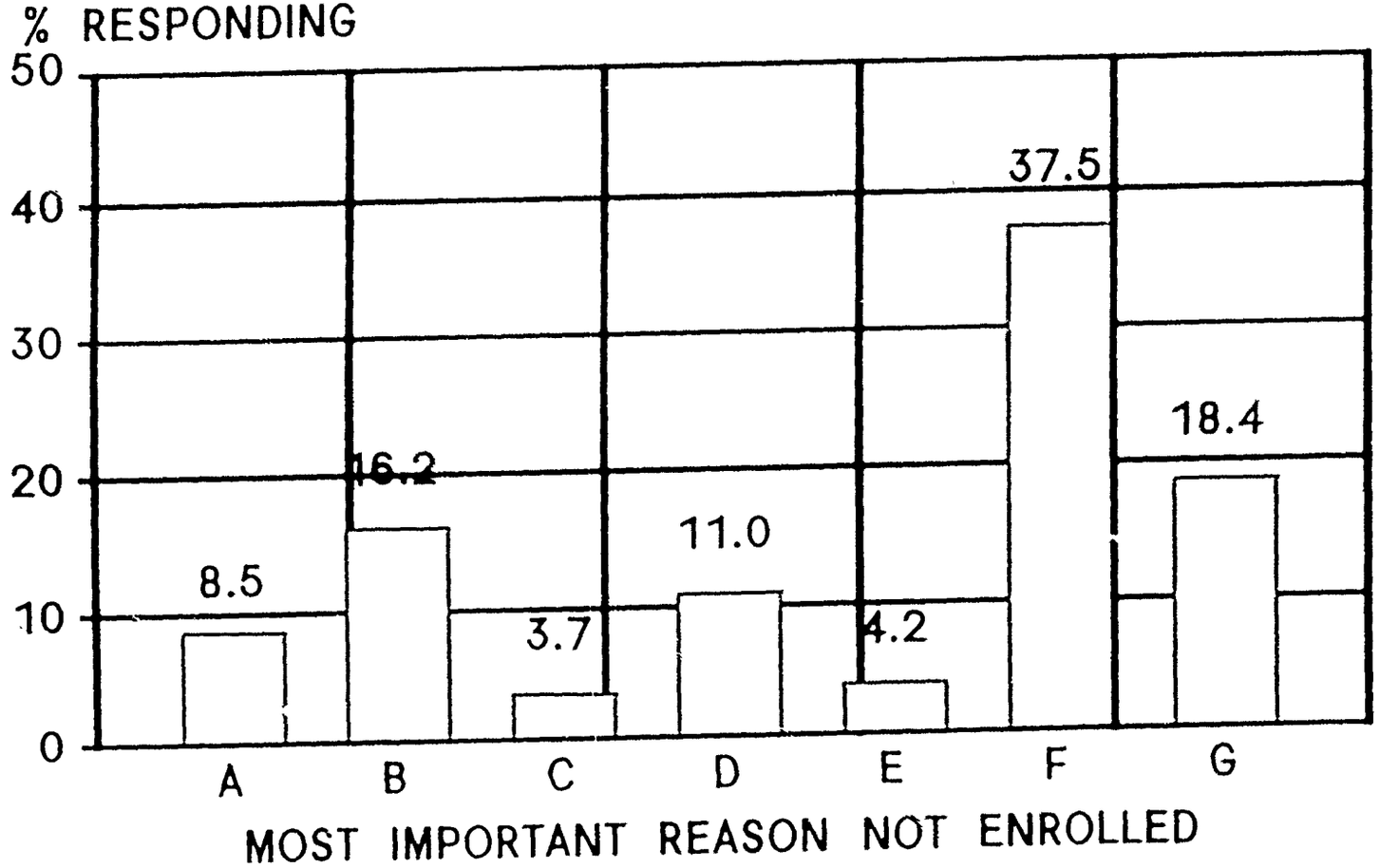



Figure 50

# MOST IMPORTANT REASON NOT ENROLLED IN ADDDIP, E5 - E6

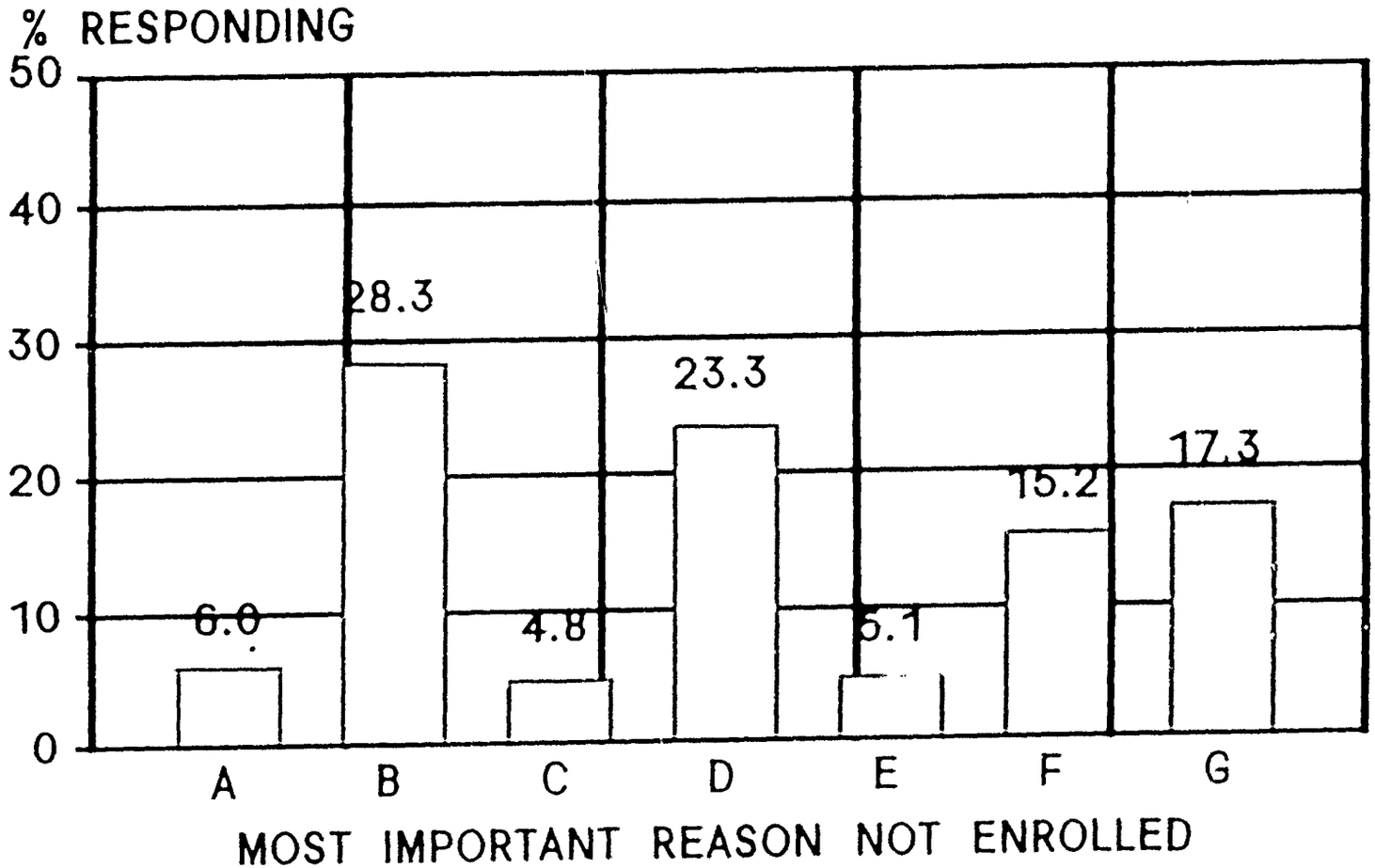



Figure 51

# MOST IMPORTANT REASON NOT ENROLLED IN ADDDIP, E7 - E9

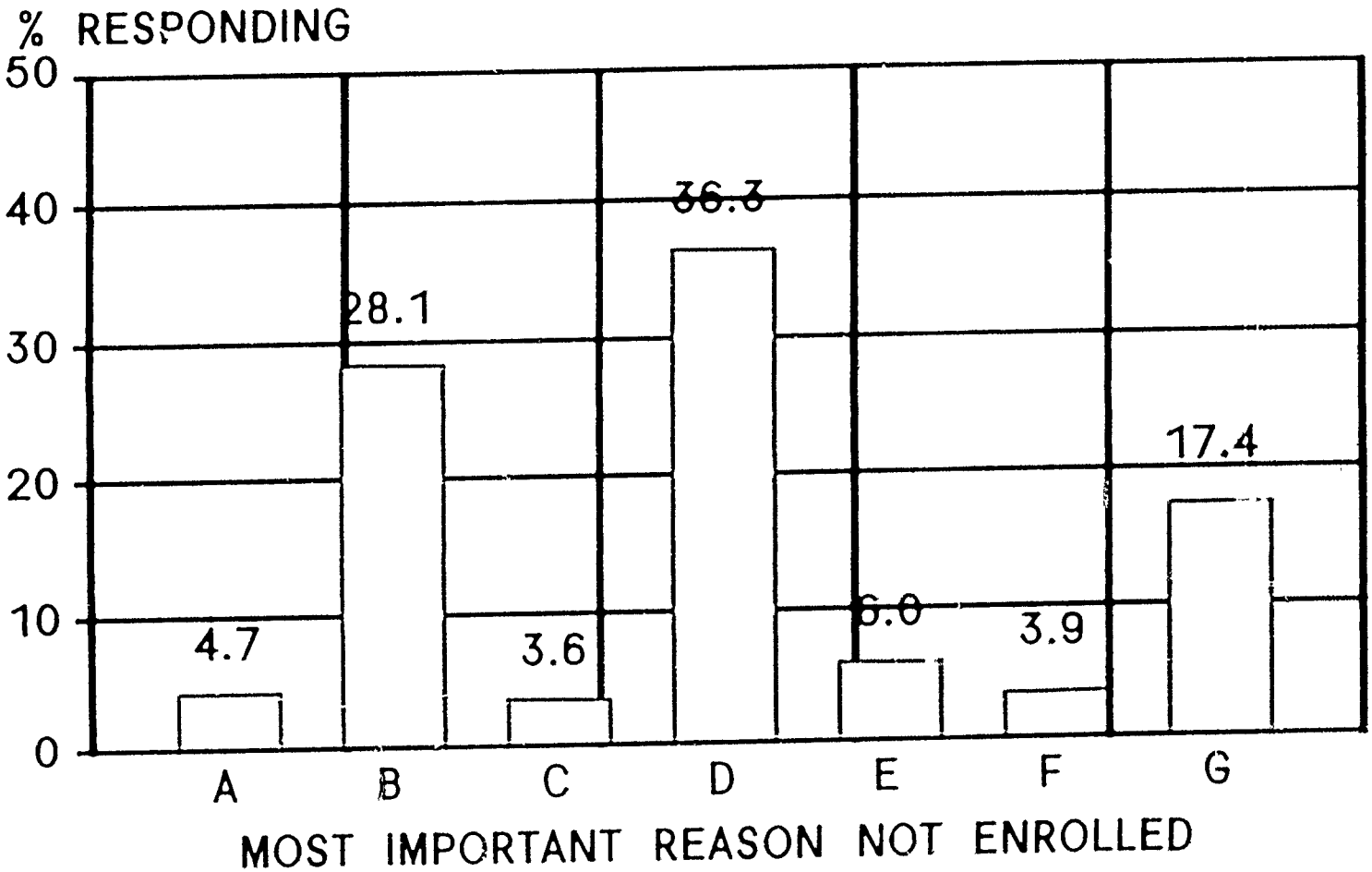



Figure 52

# REASON NOT ENROLLED IN ADDDIP AT BELOW HSC AVG SPACE-A POSTS FOR ENLISTED

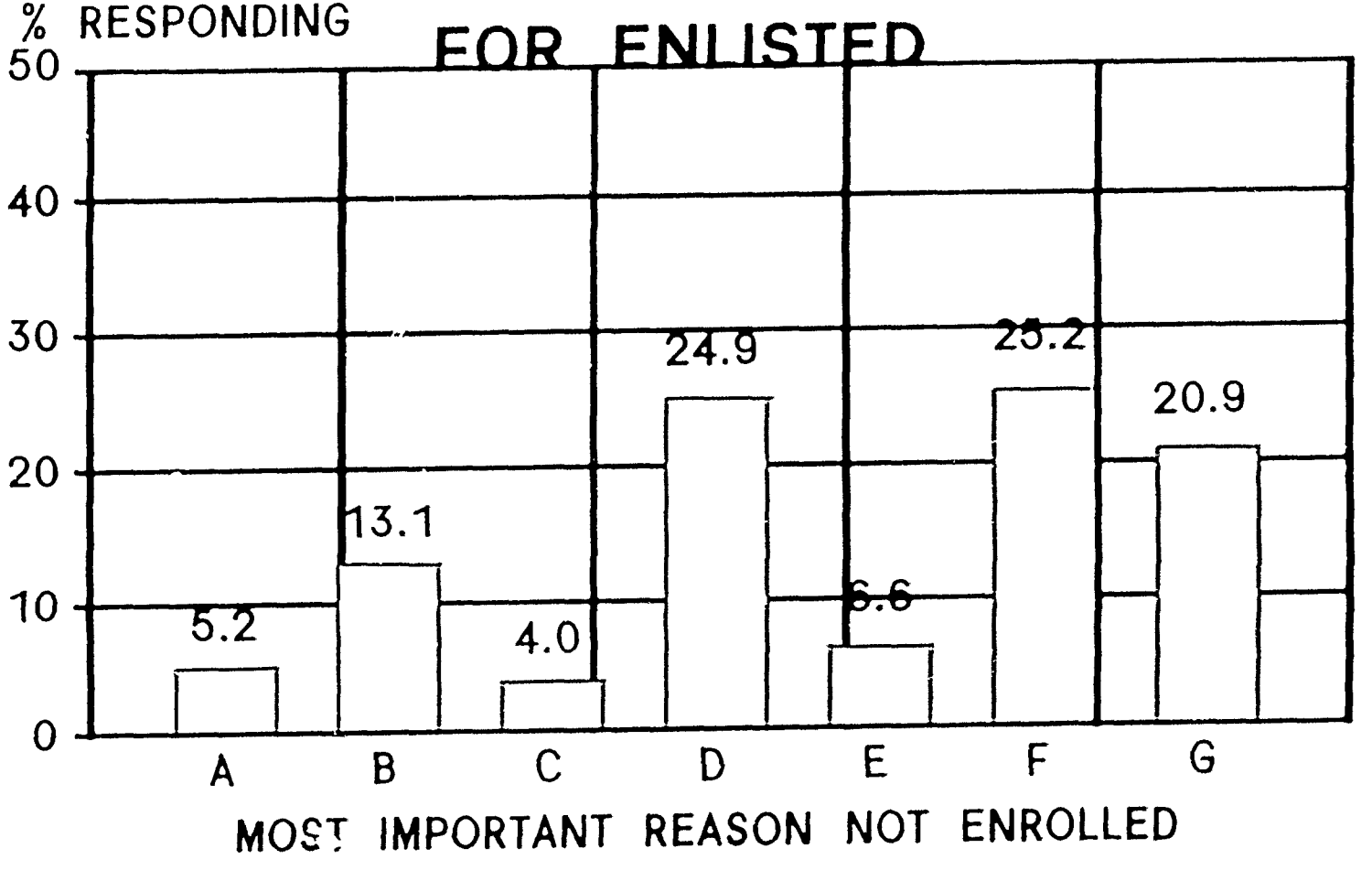



Figure 53

# REASON NOT ENROLLED IN ADDDIP AT HSC AVG SPACE-A POSTS FOR ENLISTED

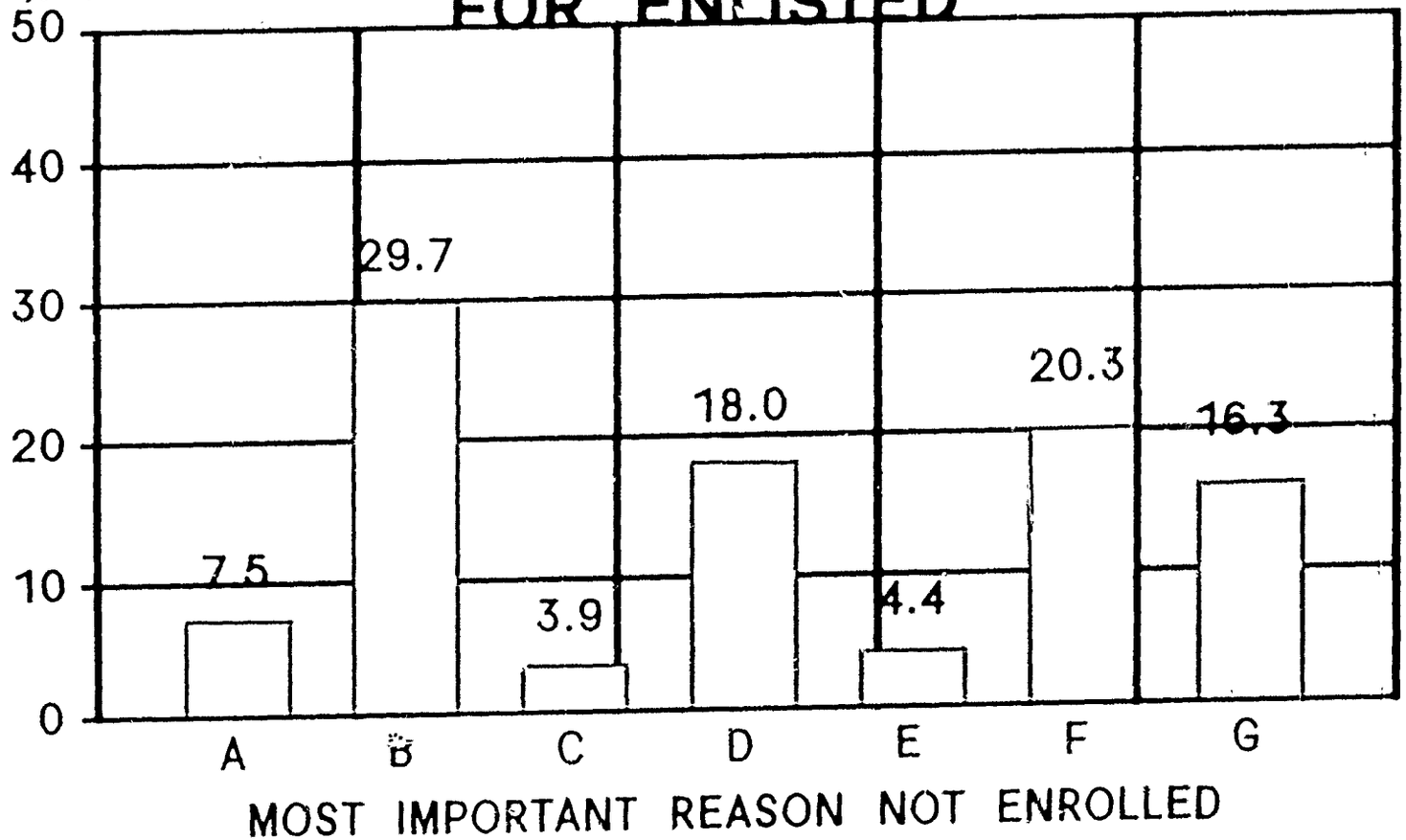



Figure 54

# REASON NOT ENROLLED IN ADDDIP AT ABOVE HSC AVG SPACE-A POSTS FOR ENLISTED

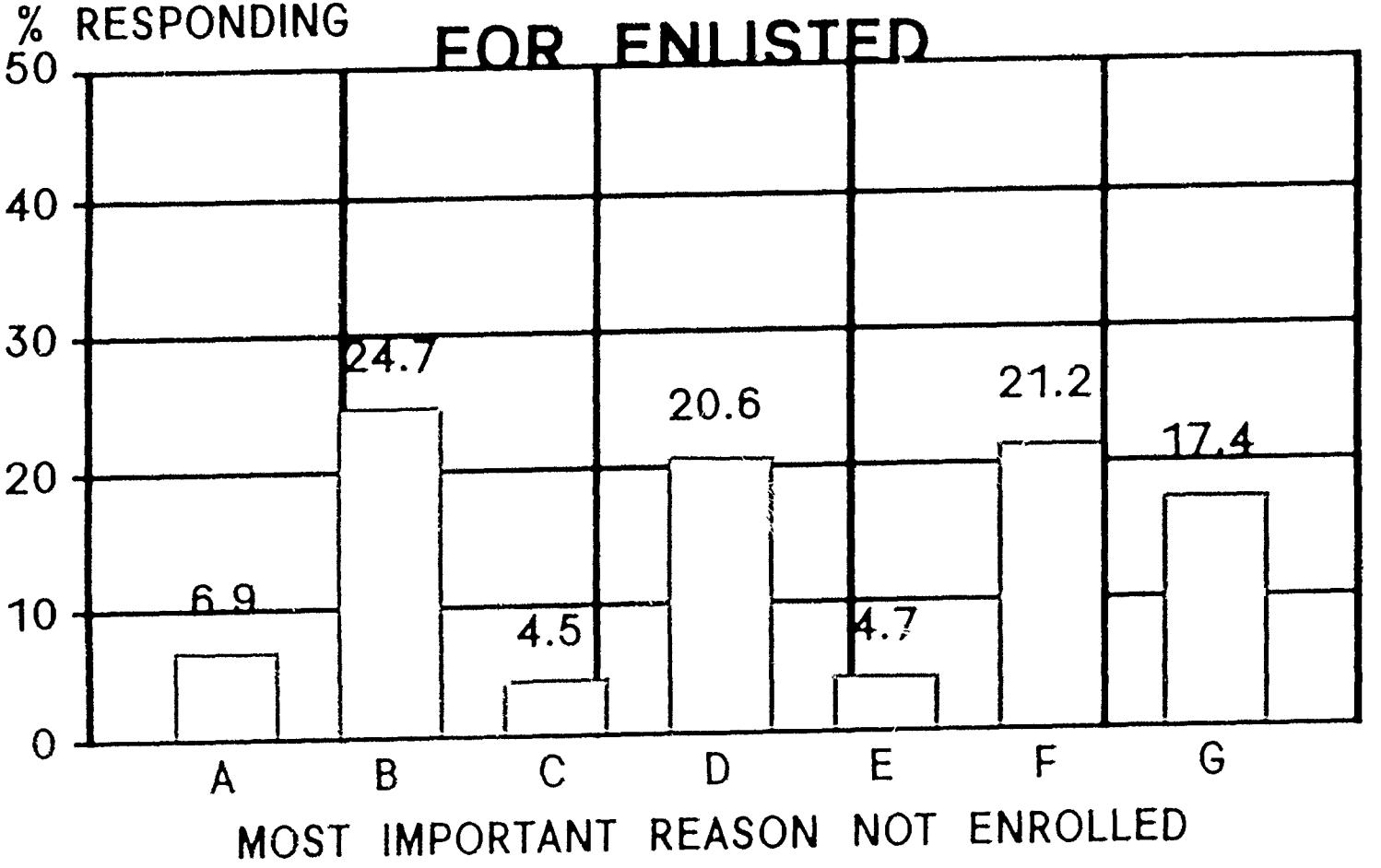



Figure 55

# SERVICE MOST DESIRE INCLUDED IN ADDDIP FOR ALL OFFICERS

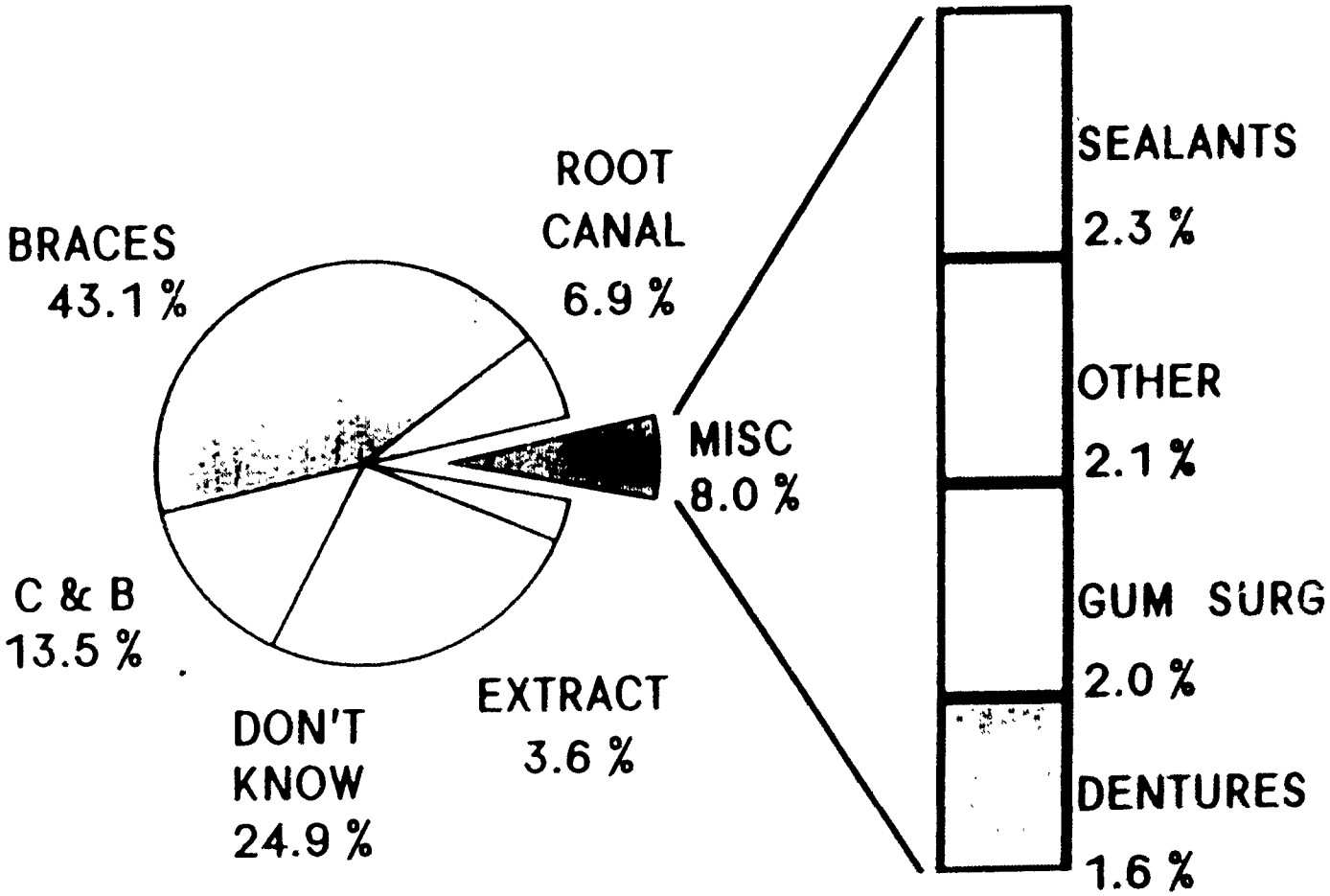



Figure 56

# SERVICE MOST DESIRE INCLUDED IN ADDDIP FOR ALL ENLISTED

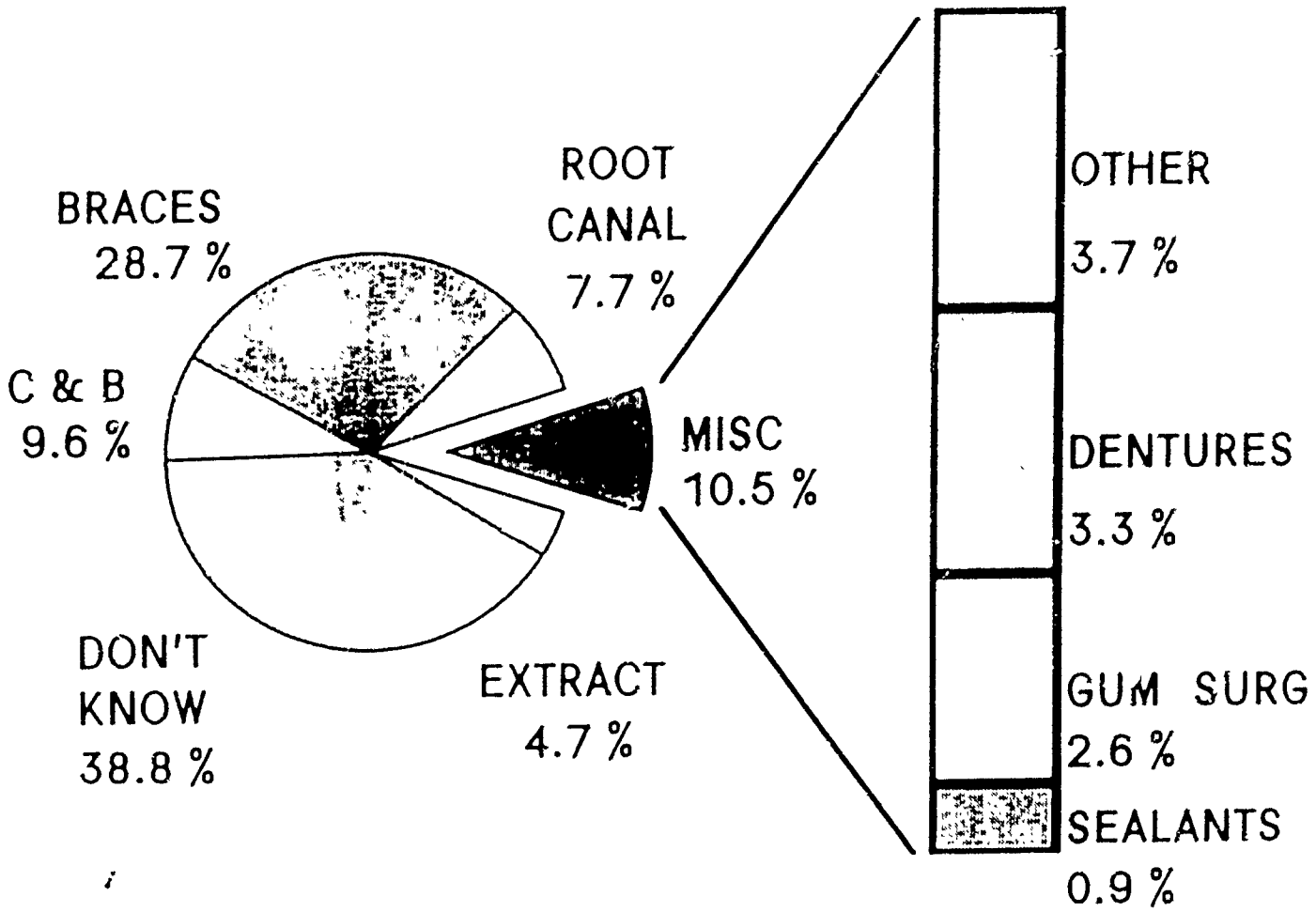
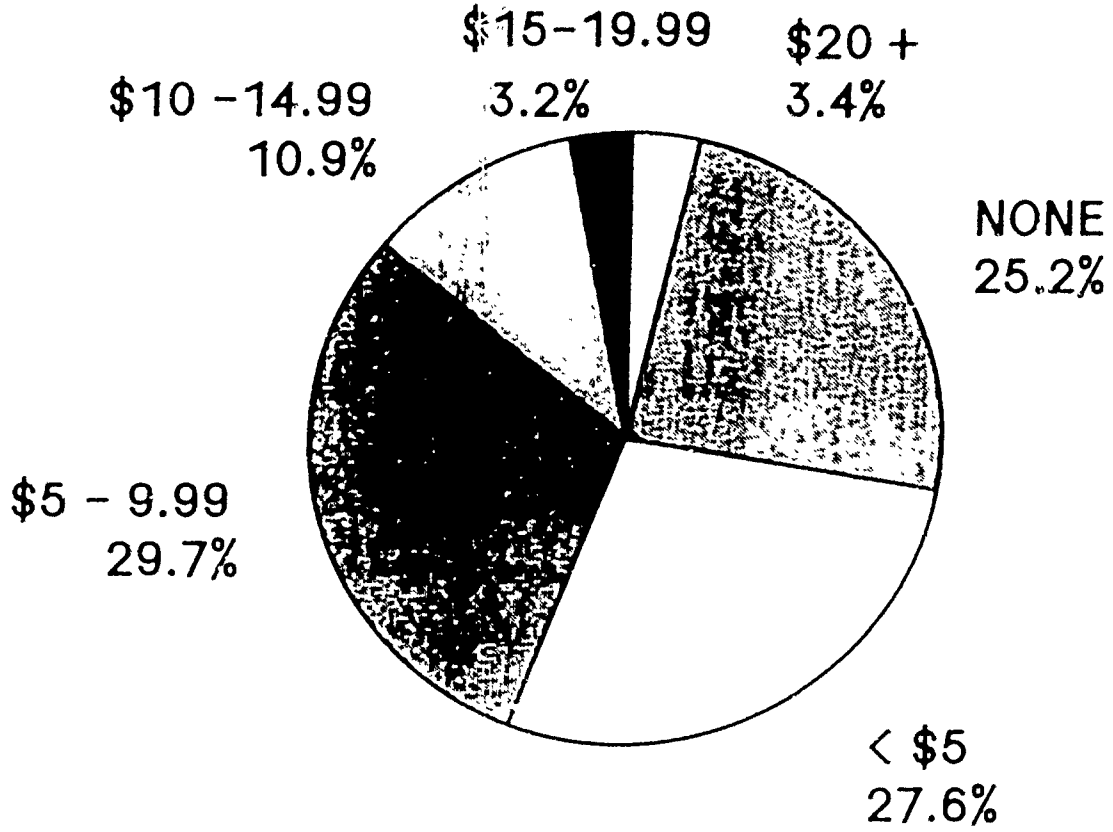



Figure 57

# EXTRA $ WILLING FOR EXPANDED ADDDIP SVCS AT BELOW HSC AVG SPACE-A POSTS




# FOR OFFICERS

Figure 59

# EXTRA $ WILLING TO PAY FOR EXPANDED ADDDIP SERVICES, ALL OFFICERS

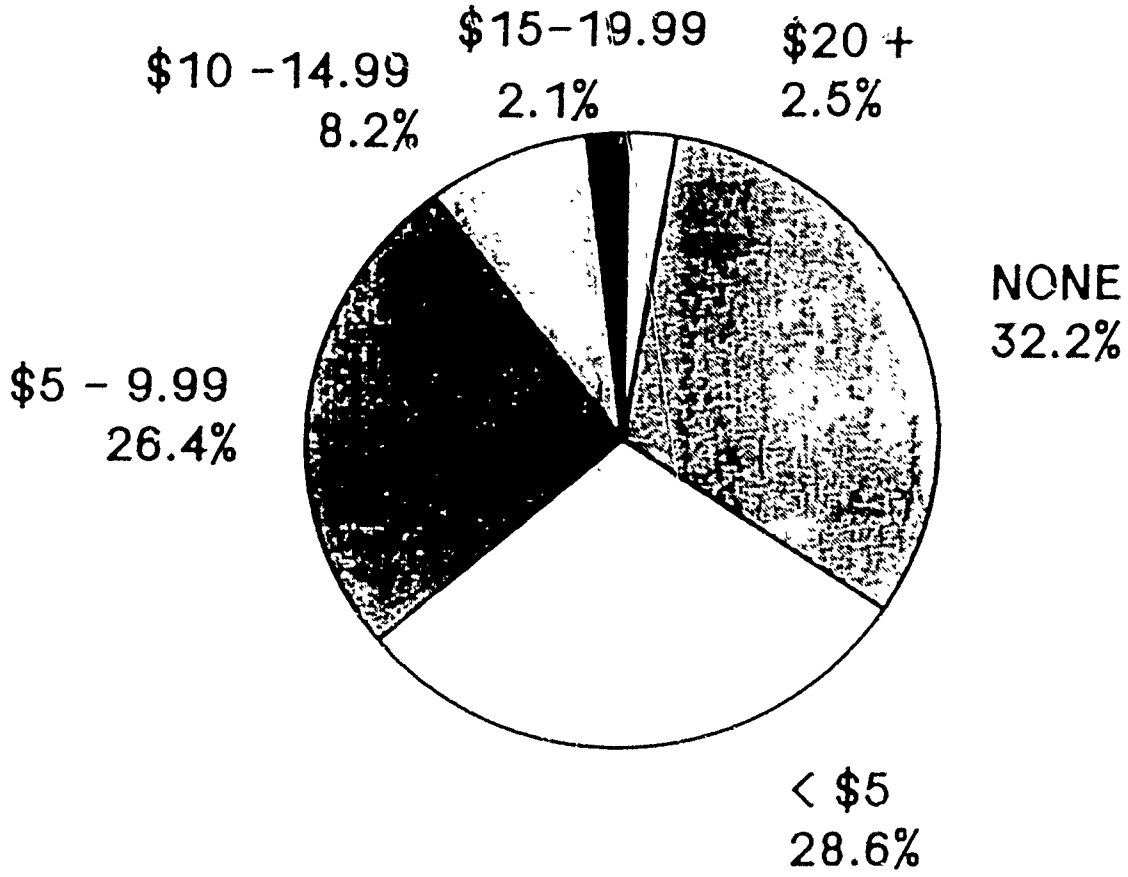
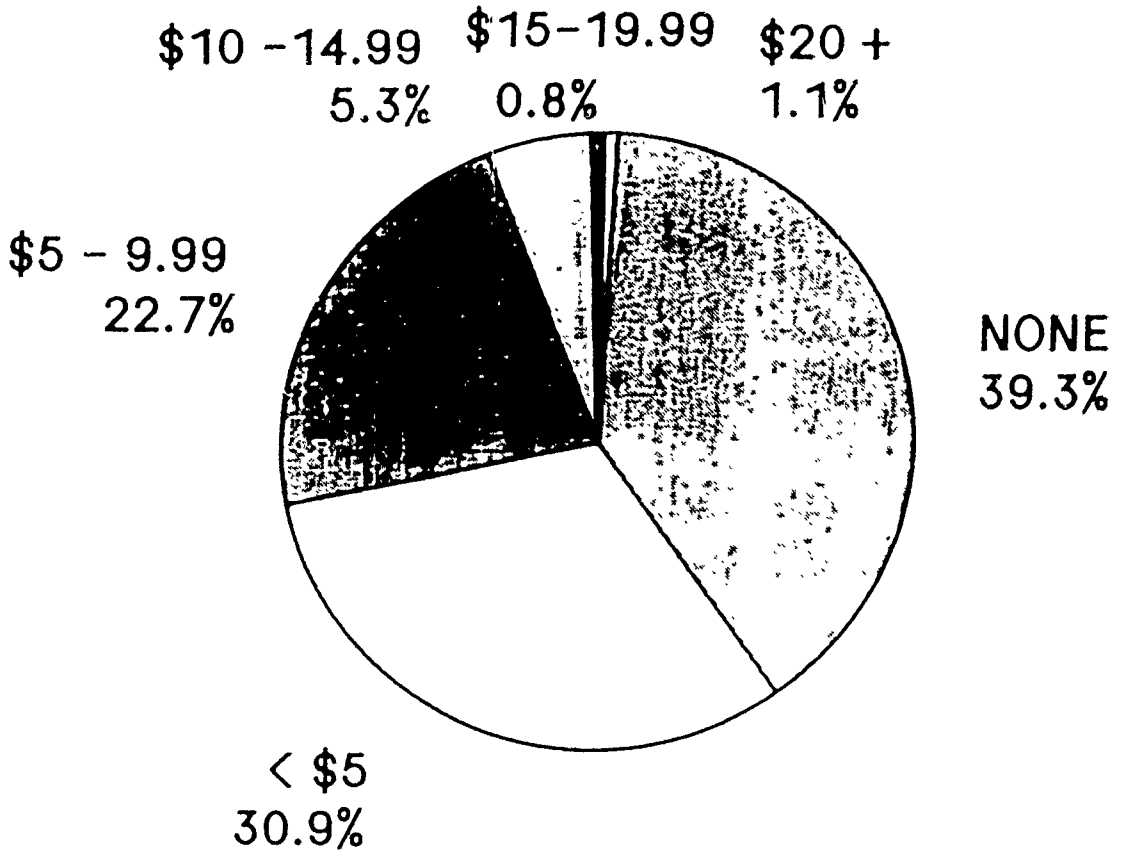



Figure 58

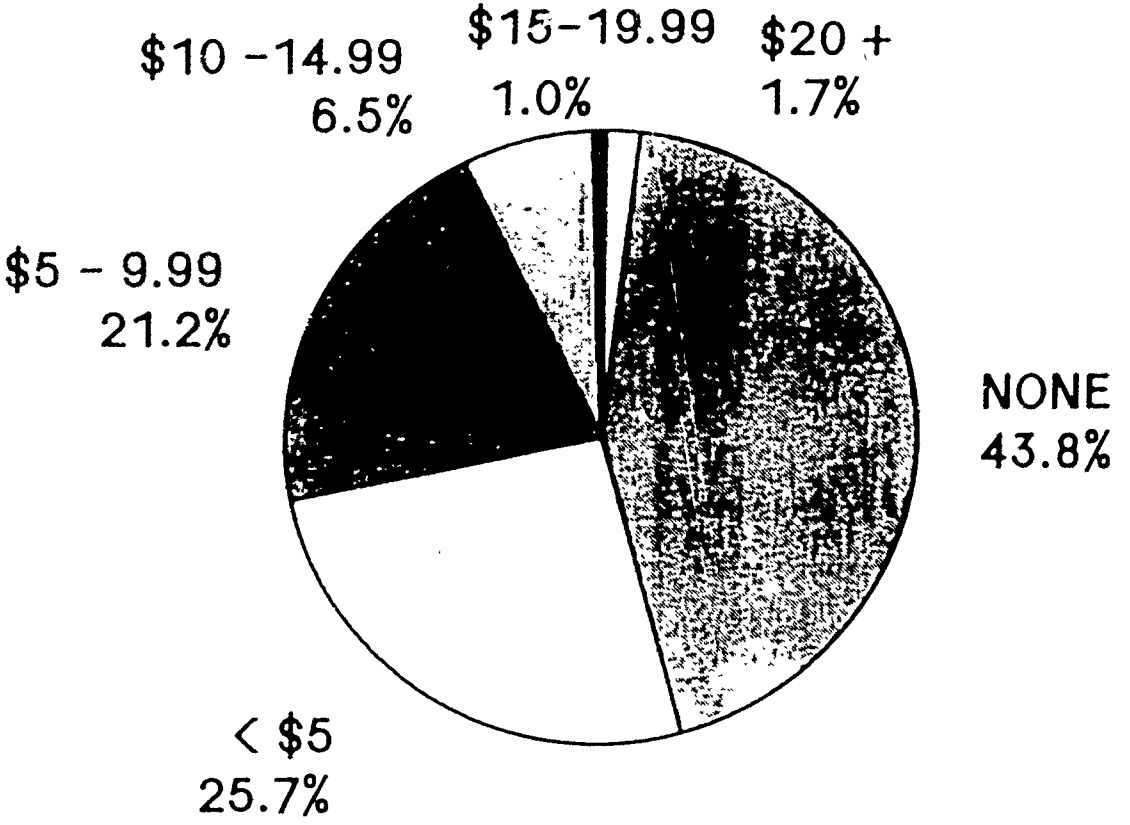
# EXTRA $ WILLING FOR EXPANDED ADDDIP SERVICES AT HSC AVG SPACE-A POSTS




FOR OFFICERS

Figure 60

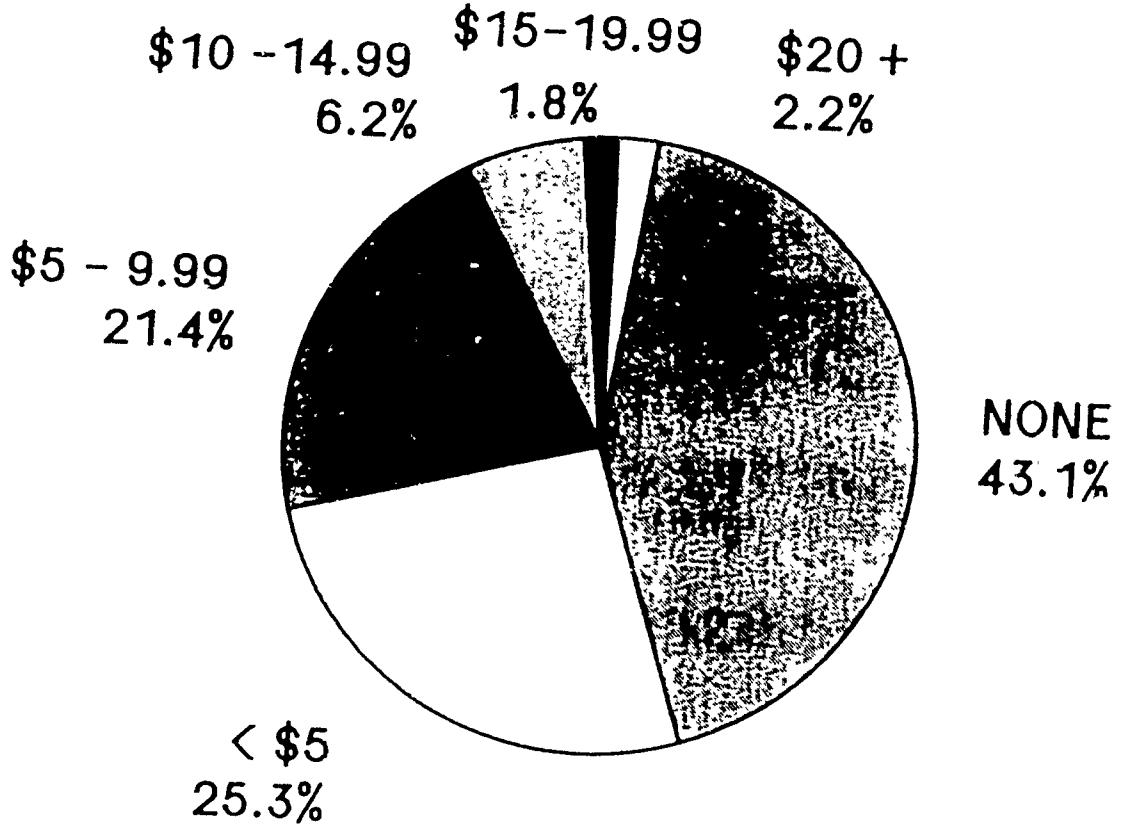
# EXTRA $ WILLING FOR EXPANDED ADDDIP SVCS AT ABOVE HSC AVG SPACE-A POSTS




# FOR OFFICERS

Figure 61

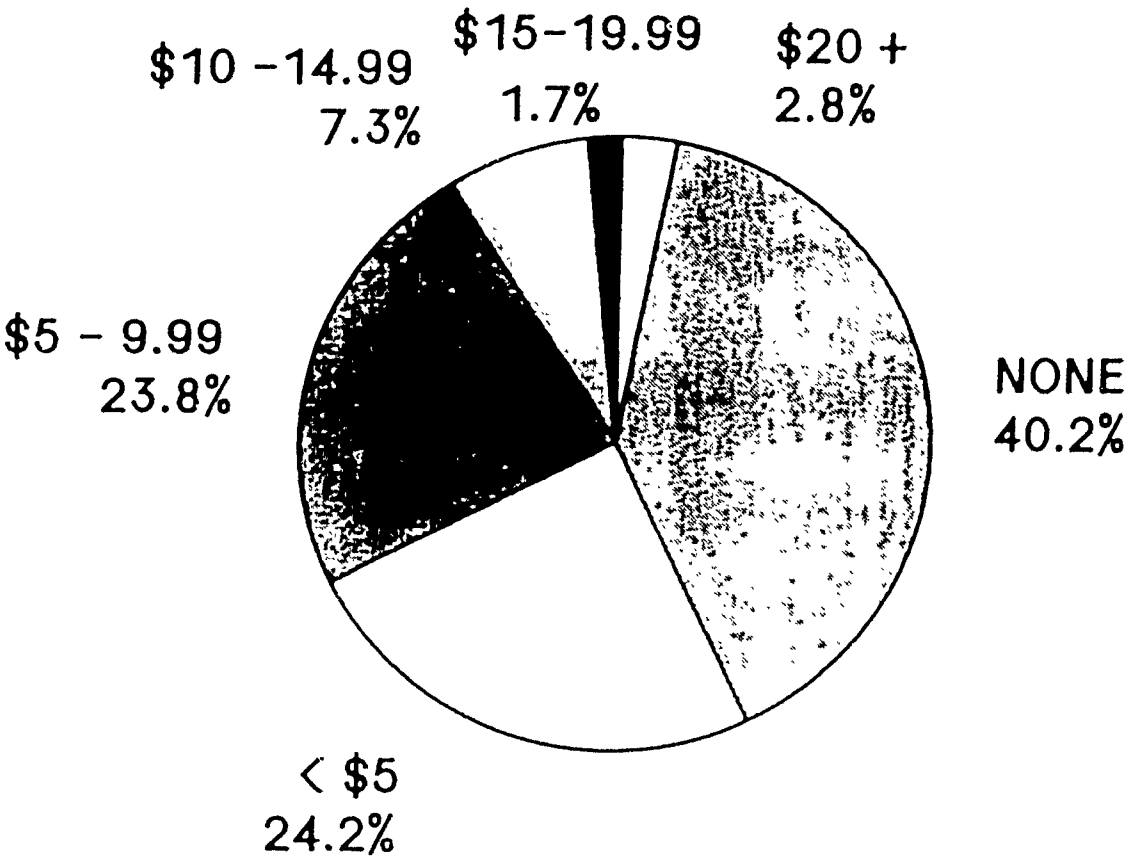
# EXTRA $ WILLING TO PAY FOR EXPANDED ADDDIP SERVICES, ALL ENLISTED




MONTHLY

Figure 62

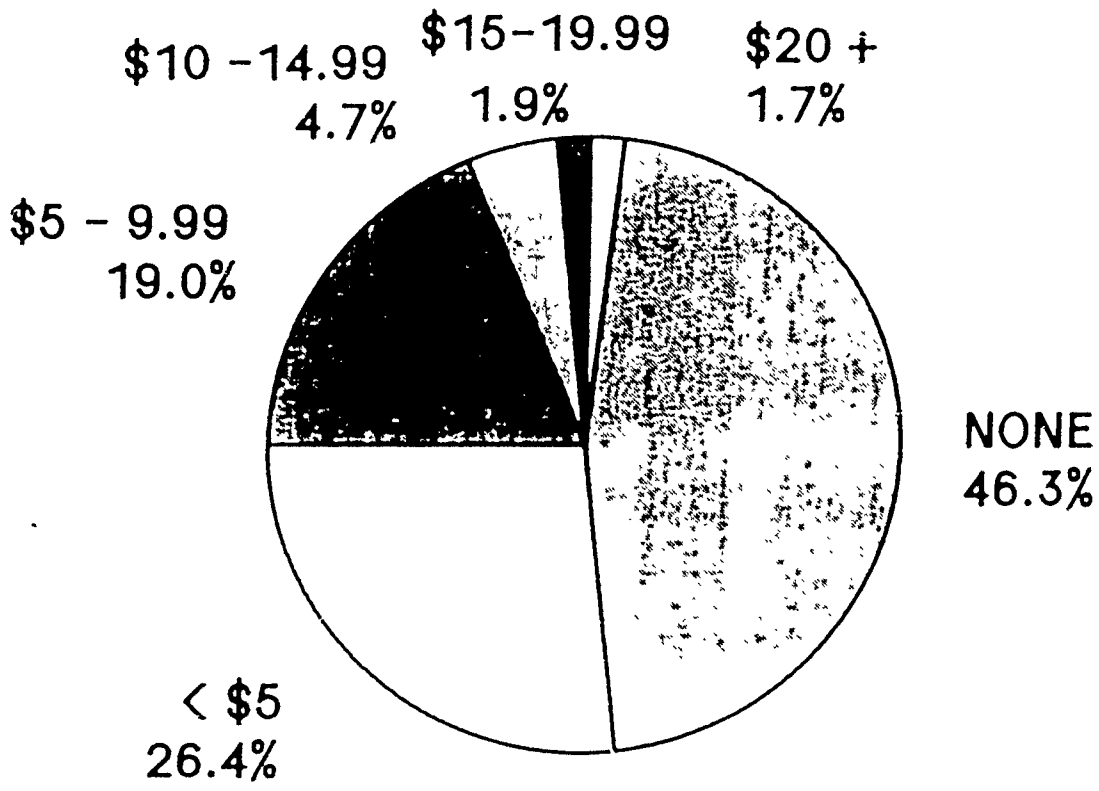
# EXTRA $ WILLING FOR EXPANDED ADDDIP SVC AT BELOW HSC AVG SPACE-A POSTS




FOR ENLISTED

Figure 63

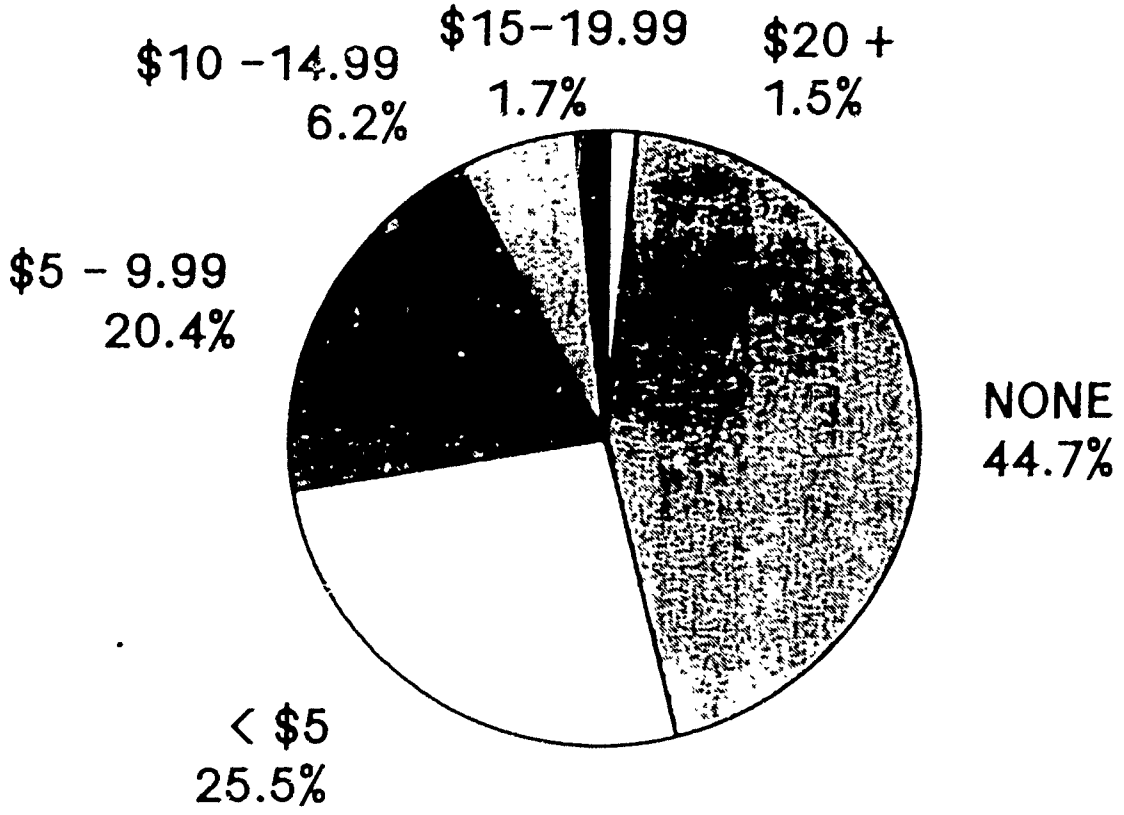
# EXTRA $ WILLING FOR EXPANDED ADDDIP SERVICES AT HSC AVG SPACE-A POSTS




# FOR ENLISTED

Figure 64

# EXTRA $ WILLING FOR EXPANDED ADDDIP SVCS AT ABOVE HSC AVG SPACE-A POSTS




# FOR ENLISTED

Figure 65